## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J72566

Entity Name

NORTHEAST GREENBELT CONSULTANTS OF FLORIDA, INC.



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

127 TIMBER LANE PALATKA, FL 32177 Mailing Address

127 TIMBER LANE PALATKA, FL 32177



DO NOT WRITE IN THIS SPACE

4. FEI Number | Applied For 59-2872402 | Not Applicable

5. Certificate of Status Desired

01092006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

DENTON, EDWARD J. 127 TIMBER LANE PALATKA, FL 32177

## DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	applicable (NOTE, Registered )	gent signatur	e required when reinstating)	DÀTE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000391570 01/24/06-80045-015 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, MARSHA BECK 127 TIMBER LANE PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, EDWARD JESSE 127 TIMBER LANE PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATIIRE	

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16- 2006

386-325-0905

C

Daytime Phone \*