

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90006 018 \*\*\*150.00

DOCUMENT # K34596

1. Entity Name  
GREENLEAFS ACCOUNTING SERVICE INC



Principal Place of Business  
3250 TEA ROSE DRIVE  
JACKSONVILLE, FL 32223-2776 US

Mailing Address  
3250 TEA ROSE DRIVE  
JACKSONVILLE, FL 32223-2776 US

08007003



08022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2914563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GREENLEAF, V. B.  
3250 TEA ROSE DRIVE  
JACKSONVILLE, FL 32223

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENLEAF, V B
STREET ADDRESS	3250 TEA ROSE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2/04

904-268-0875

Attachment #K34596 54067083

## IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.  
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- \* The fee to file the profit annual report is \$550.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

I NEVER RECEIVED RENEWAL FORM IN  
MAIL OR A 2ND NOTICE REMINDER WHICH  
HAS BEEN THE NORM FOR THE PAST YEARS.  
THEREFORE I AM SENDING RENEWAL FEE OF  
150<sup>00</sup> AS MY PAYMENT TO CONTINUE  
CORPORATION —

*[Signature]*  
904-268-0875

### Mail completed report to:

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**Courier Address:** (overnight delivery)  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

### Questions?

Phone: (850) 245-6056  
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.