## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K74687**

1. Entity Name

GREENBERG ENVIRONMENTAL, INC.



FILED Mar 06, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

28435 OPENFIELD LOOP WESLEY CHAPEL, FL 33543 US 28435 OPENFIELD LOOP WESLEY CHAPEL, FL 33543

US



DO	NOT	WRITE	IN THIS	S SPACE
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02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0113787

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

GREENBERG, JANET B 28435 OPENFIELD LOOP WESLEY CHAPEL, FL 33543

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	gagen ser up dang, der	· · · •			•		
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSP GREENBERG, JANET B 28435 OPENFIELD LOOP WESLEY CHAPEL, FL				Lionopoodoodd		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ROBERT J 6253 CONNIEWOOD SQUARE NEW PORT RICHEY, FL 34653			U00000349244 03/21/08-80012-018 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 file empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNAYORE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

3-4-08

813-927-0237

Janox B. Goganhan