

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State



DOCUMENT # L67363

1. Entity Name
EDWARD A. GREENE PROFESSIONAL PLANNING CORPORATION

Principal Place of Business
3 DOMINICA DRIVE
ENGLEWOOD, FL 34223

Mailing Address
3 DOMINICA DRIVE
ENGLEWOOD, FL 34223



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0187538

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, EDWARD A.
3 DOMINICA DRIVE
ENGLEWOOD, FL 34223

**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: *[Handwritten 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 \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000381158
01/11/06-80041-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GREENE, EDWARD A.
STREET ADDRESS	3 DOMINICA DRIVE
CITY - ST - ZIP	ENGLEWOOD, FL
TITLE	ST
NAME	GREENE, LOIS M
STREET ADDRESS	3 DOMINICA DRIVE
CITY - ST - ZIP	ENGLEWOOD, FL
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 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.

SIGNATURE: *[Handwritten Signature]* (Lois M. GREENE, SECRETARY) 1/4/06 (941)475-9231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #