


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000022933</b>		
1. Entity Name J. AL GREENE INSURANCE AGENCY, INC.		
Principal Place of Business 6980 ALOMA AVE. WINTER PARK, FL 32792	Mailing Address 6980 ALOMA AVE. WINTER PARK, FL 32792	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01202006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3645943
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GREENE, J. AL 6980 ALOMA AVE. WINTER PARK, FL 32792		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, J. AL 6980 ALOMA AVE. WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, BETTY 6980 ALOMA AVE. WINTER PARK, FL 32792	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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: <u>Betty E. Greene</u> <u>Betty E. Greene</u> <u>1/20/06</u> <u>407-657-7575</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		