

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000053868**

1. Entity Name  
**GREEN IRON HOLDING CO.**



Principal Place of Business  
**7700 SQUARE LAKE BLVD  
JACKSONVILLE, FL 32256**

Mailing Address  
**7700 SQUARE LAKE BLVD  
JACKSONVILLE, FL 32256**



02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3651252</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WALTERS, MICHAEL A  
50 N LAURA ST  
SUITE 2200  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	COPPENBARGER, RONNIE D
STREET ADDRESS	7700 SQUARE LAKE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	DVS
NAME	JACKSON, WOLFE
STREET ADDRESS	5574 LOON LAKE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	DV
NAME	ALLEN, ROBERT E
STREET ADDRESS	RT 2 BOX 164
CITY-ST-ZIP	BROKEN BOW, NE 68822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000840446  
03/06/08-80049-012 150.00

**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:**

*Ronnie D Coppenbarger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #