

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90002 029 ***150.00

DOCUMENT # P00000068385

1. Entity Name
GREENWOOD MANAGEMENT SERVICES, INC.



Principal Place of Business
**5533 GREENWOOD CIR.
NAPLES, FL 34112**

Mailing Address
**5533 GREENWOOD CIR.
NAPLES, FL 34112**

50053122



DO NOT WRITE IN THIS SPACE

05192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1024867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLATER, JOHN H
5533 GREENWOOD CIR.
NAPLES, FL 34112**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SLATER, JOHN H
5533 GREENWOOD CIR.
NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
SLATER, DIANE J
5533 GREENWOOD CIR.
NAPLES, FL 34112**

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

5/27/05 **(239) 530-4141**
Daytime Phone #



50023122
GREENWOOD MANAGEMENT SERVICES, INC.

A Property Management Company

5533 Greenwood Circle, Naples, Florida 34112

Phone: (239) 530-4141

email: greenwood5533@aol.com

Fax: (239) 530-4142

May 27, 2005

Department of State
UBRDC
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Document No. P00000068385

Gentlemen:

Enclosed is our check for \$150.00. We realize that we are a little late in making this payment and have no excuse other than that we are a "Mom and Pop" organization and when "Pop" is having back surgery (by Dr. Savage at SW Regional Hospital, FT. Myers) we are quite overwhelmed trying to keep up with everything. We don't have money to throw away, and this was a horrible oversight on our part, but things have been unbelievably hectic getting John through this surgery and keeping the business running at the same time.

We respectfully request that the late fee be waived, if at all possible. Our past history will demonstrate that we have been on time every year prior to this one.

Thank you for this consideration, and we await your response.

Sincerely,

Diane J. Slater
Office Manager/Owner