2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000076340

1. Entity Name GREEN & GREEN, P.A.

Principal Place of Business

9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429 Mailing Address

9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429

FILED Feb 16, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 01182007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JAMES D 9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	rpose of changing its req	gistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Re	egistered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	VSD GREEN, JAMES D 9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTD GREEN, W T 9030 WEST FORT ISLAND TRAIL #5 CRYSTAL RIVER, FL 34429				000000638153 02/27/07-80019-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 any 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 receiper or thistee 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.					