
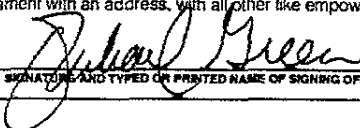


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000002312* 1. Entity Name RICK GREENE & ASSOCIATES, INC.			
Principal Place of Business 3504 MAHOGANY WAY CORAL SPRINGS, FL 33065		Mailing Address 3504 MAHOGANY WAY CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE			
		02252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1065777 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREENE, RICHARD 3504 MAHOGANY WAY CORAL SPRINGS, FL 33065		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP		
NAME	GREENE, RICHARD		
STREET ADDRESS	3504 MAHOGANY WAY		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
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: 		2/25/05 954-341-3254	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	