


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90121 039 ***150.00

DOCUMENT # P01000084689 1. Entity Name GREENACRE MANAGEMENT SYSTEMS, INC.	
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Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33624	Mailing Address 4131 GUNN HWY. TAMPA, FL 33624
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03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3650557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENACRE, JEFFREY L 4131 GUNN HWY TAMPA, FL 33624
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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 GREENACRE, JEFFREY L 4131 GUNN HWY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer GREENACRE, DONNA 4131 GUNN HWY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cindy Callaway 4131 Gunn Hwy Tampa FL 33628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Ryan Greenacre 4131 Gunn Hwy Tampa FL 33618
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

Date

Daytime Phone #

3-30-05 813 680-1100