

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084689

FILED
Feb 25, 2009
Secretary of State

Entity Name: GREENACRE MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

4131 GUNN HWY.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 04-3650557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENACRE, JEFFREY L
4131 GUNN HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENACRE, JEFFREY L
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: GREENACRE, DONNA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: WHITE, CINDY
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: GREENACRE, RYAN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY L GREENACRE

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date