


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000110034 1. Entity Name GREENLINE MOTORS, INC.	
---	---

Principal Place of Business
**1605 ORANGE AVENUE
FORT PIERCE, FL 34950**

Mailing Address
**1605 ORANGE AVENUE
FORT PIERCE, FL 34950**



08032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1149511	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--

6. Name and Address of Current Registered Agent

**JONES, JAMES K
712 BEACH COURT
FORT PIERCE, FL 34950**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JONES, JAMES K 712 BEACH COURT FORT PIERCE, FL 34950
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000169578
08/09/04-80002-014 158.75

**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

James K. Jones

Date

8-3-04

Daytime Phone #

**772-
466-8880**