2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

800 BELFO UITE 220 ACKSONVILL	E,FL 32256	Mailing Address 7800 BELFORT PKWY SUITE 220 JACKSONVILLE, FL 32	•				
	Place of Business	3. Mailing Address			, BBIIN BBIIN \$815 8878 BIIN 1891 ¹ 19	NI BII BI B	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		04252004 Chg-P CR2E034 (10/03)			
				4. FEI Number 01-3688458		Applied For Not Applicat	
Zip	Country	Zip	Country	5. Certificate of Statu		.75 Addit	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Addres	s of New Registered Age	nt	
LEFANT,				ss (P.O. Box Number is Not	Acceptable)		
UITE 105		•	Street Addre	55 (F.O. BOX Number is Not	Acceptable)		
ACKSON	VILLE, FL 32207		City		<u> </u>	Zip Code	<u>-</u>
The above	named entity submits this statement f	for the ournose of changing it		istered agent or both in the			
	Signature, typed or printed name of registered agen		TE ⁻ Registered Agent signature rec	juired when reinstating)	DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		RECTORS	IN 11
After M	E NOW!!! FEE IS \$150.00	9. Election Camp Trust Fund Cor D DIRECTORS	aign Financing	\$5.00 May Be Added to Fees	ES TO OFFICERS AND DIF	RECTORS	
LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	DP HOUSH, WELLES C JACKSONVILLE BEACH, FL 32 D KANE, MATTHEW 7800 BERFORT PKWY #220	9. Election Camp Trust Fund Cor D DIRECTORS Delete	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	ES TO OFFICERS AND DIF		IN 11 Addit
After M. LE AE EET ADDRESS Y-ST-ZIP LE AE EET ADDRESS T-ST-ZIP E AE FET ADDRESS FET ADDRESS FET ADDRESS AE	DP HOUSH, WELLES C 7800 BERFORT PWKY #220 JACKSONVILLE BEACH, FL 32 D KANE, MATTHEW 7800 BERFORT PKWY #220 JACKSONVILLE BEACH, FL 32 D KANE, MATTHEW 7800 BERFORT PKWY #220 JACKSONVILLE BEACH, FL 32 D ROSAS, DAVID 7800 BERFORT PKWY #220	9. Election Camp Trust Fund Cor D DIRECTORS Delete	aign Financing ntribution. 11. 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	\$5.00 May Be Added to Fees	ES TO OFFICERS AND DIF	Change	☐ Addit
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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

DOCUMENT # P0200006776/1 1. Entity Name GREEN SHADES SOFTWARE, INC. Principal Place of Business Mailing Address 7800 BELFORT PKWY 7800 BELFORT PKWY SUITE 220 SUITE 220 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apr. #, etc. 04252004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-3688458 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELEFANT, FRED Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE, FL 32207 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. • Delete TITLE ■ Addition TITLE NAME HOUSH, WELLES C MAME STREET ADDRESS STREET ADDRESS 7800 BERFORT PWKY #220 JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Detele KANE, MATTHEW NAME NAME STREET ADDRESS 7800 BERFORT PKWY #220 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CHY-ST-7P Delete HILE ☐ Change ☐ Addition HITLE ROSAS, DAVID NAME 7800 BERFORT PKWY #220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-SI-ZIP ☐ Delete TITLE Change Addition TITLE SMITH, DANIELLE N NAME NAME STREET ADDRESS 7800 BERFORT PKWY #220 STREET ADDRESS City-St-ZiP CITY-ST-ZIP JACKSONVILLE, FL 32256 HILE ☐ Change ■ Addition TITLE Detete SPAUR, JOSEPH NAME NAME STREET ADDRESS 7800 BERFORT PKWY #220 STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Change HITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily 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

904-807-0160