


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126412**  
 1. Entity Name  
**GREENVIEW GROUNDS MAINTENACE COMPANY**



Principal Place of Business      Mailing Address  
**4639 CRYSTAL AVENUE**      **4639 CRYSTAL AVENUE**  
**SARASOTA, FL 34231**      **SARASOTA, FL 34231**

**DO NOT WRITE IN THIS SPACE**



01162006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**75-3089399**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent  
**RAYMOND, STANLEY R III**  
**4639 CRYSTAL AVENUE**  
**SARASOTA, FL 34231**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

1000000392773  
 01/24/06-80087-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAYMOND, STANLEY R III
STREET ADDRESS	4639 CRYSTAL AVENUE
CITY-ST-ZIP	SARASOTA, FL 34231
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 exemptions contained 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 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: Stanley R Raymond III      1-17-06      941-587-1735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #