## 2007 FOR PROFIT CORPORATION

## May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000032030 1. Entity Name GREENE REALTY, INC. Principal Place of Business Mailing Address 644-B N. WOODLAND BLVD. 644-B N. WOODLAND BLVD. DELAND, FL 32720 DELAND, FL 32720 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0917377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENE, ROBERT N SR. DO NOT WRITE 644-B N. WOODLAND BLVD. **DELAND, FL 32720** 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DILE GREENE, ROBERT N NAME STREET ADDRESS 644-B N. WOODLAND BLVD. DELAND, FL 32720 CITY-ST-ZIP TITLE 05/22/07-80041-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-DP

**FILED**