

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-10-2004 90016 024 ***150.00

DOCUMENT # P03000082018 1. Entity Name GREEN FEET PROPERTIES, INC.					
Principal Place of Business 445 FINCH DRIVE SATELLITE BEACH, FL 32937			Mailing Address 445 FINCH DRIVE SATELLITE BEACH, FL 32937		
2. Principal Place of Business Subd. Apt. #, etc.		3. Mailing Address Subd. Apt. #, etc.			
City & State		City & State		4. FEI Number 20 0119535	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUVIER, PAUL A 3210 N. WICKHAM RD 5 MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 transferring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ☐ Delete President NAME Paul Bouvier STREET ADDRESS 445 Finch Dr. CITY-ST-ZIP Satellite Bch. FL 32937			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete or NAME 3210 N. Wickham Rd #5 STREET ADDRESS Melbourne, FL 32935 CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Paul Bouvier Typed name and typed or printed name of business officer or director			3-15-04 321 759 0596 Date System Phone #		

Paul Bouvier

3/

66407926



03072004 Chg-P CR2E034 (10/03)

4. FEI Number **20 0119535** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUVIER, PAUL A
3210 N. WICKHAM RD
5
MELBOURNE, FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **Paul Bouvier**
STREET ADDRESS **445 Finch Dr.**
CITY-ST-ZIP **Satellite Bch. FL 32937**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **or**
STREET ADDRESS **3210 N. Wickham Rd #5**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Paul Bouvier
Typed name and typed or printed name of business officer or director

3-15-04 321 759 0596
Date System Phone #