

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 032 ***158.75

DOCUMENT # P03000105926

1. Entity Name
GREENSTONE GP, INC.



40041430



Principal Place of Business
18558 SW 46TH ST.
MIRAMAR, FL 33029

Mailing Address
18558 SW 46TH ST.
MIRAMAR, FL 33029

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

4/0 Suite, Apt. #, etc.
Huntington National Bank

02052008 Chg-P CR2E034 (12/06)

City & State

3801 PGA Blvd.
Suite 900
Palm Beach Gardens, FL 33410

4. FEI Number
90-0159690

Applied For
Not Applicable

Zip

Country

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

KNIGHT, NEAL W JR
34 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480

Name NEAL W. KNIGHT JR.

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

4/0 Huntington National Bank
3801 PGA Blvd.

Suite 900

City Palm Beach Gardens, FL 33410

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 D
NAME KUNIGENAS, JOHN V
STREET ADDRESS 18558 SW 46TH STREET
CITY-ST-ZIP MIRAMAR, FL 33029 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

3/6/08 (954) 441-1837

Date

Daytime Phone #