

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90089 041 \*\*\*150.00

**DOCUMENT # P03000146236**

1. Entity Name  
BKW - GREENACRES ASSETS, INC.



Principal Place of Business  
360 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

Mailing Address  
360 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

40053634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-0464878

Applied For

Not Applicable

Zip

Country

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

HAIRE, NANCY H  
360 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

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 reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MENKE, ROBERT M  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE S ☐ Change ☒ Addition  
NAME White, John T  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☐ Delete  
NAME MEEHAN, DAVID K  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

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

TITLE DT ☐ Delete  
NAME HUSSEMAN, EDWIN C  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

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

TITLE P ☐ Delete  
NAME BRUBAKER, RICHARD M  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

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

TITLE AS ☐ Delete  
NAME HAIRE, NANCY C  
STREET ADDRESS 360 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

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

TITLE AS ☐ Delete  
NAME TRUDEL, STEPHANIE D  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

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 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:

*Nancy C. Haire*

Nancy C. Haire

3/8/2006

727 823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #