2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000089673

1. Entity Name

GREENLAND DEVELOPERS, INC.

Principal Place of Business	Mailing Address
PO BOX 57879 JACKSONVILLE FL 32241-7879	PO BOX 57879 JACKSONVILLE FL 32241-7879

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1224766 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST
SUITE 1800
JACKSONVILLE FL 32203

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 ac the obligations of registered agent

SIGNATURE _____ DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT O'STEEN, RAYMOND M PO BOX 57879 JACKSONVILLE FL 32241-7879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000000516938 ☐ Change ☐ Add 05/01/06-80023-025 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS JOHN, A.J. PO BOX 57879 JACKSONVILLE FL 32241-7879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS O'STEEN, RAYMOND JR. PO BOX 57879 JACKSONVILLE FL 32241-7879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Raymond M O'Steen 4-14-06 (904) 268-874