

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089673

Entity Name: GREENLAND DEVELOPERS, INC.

FILED  
Feb 19, 2009  
Secretary of State

## Current Principal Place of Business:

PO BOX 57879  
JACKSONVILLE, FL 322417879

## New Principal Place of Business:

C/O SMITH HULSEY & BUSEY  
225 WATER STREET SUITE 1800  
JACKSONVILLE, FL 32203

## Current Mailing Address:

PO BOX 57879  
JACKSONVILLE, FL 322417879

## New Mailing Address:

FEI Number: 20-1224766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCT ( ) Delete  
Name: O'STEEN, RAYMOND M  
Address: PO BOX 57879  
City-St-Zip: JACKSONVILLE, FL 322417879

Title: VPS ( ) Delete  
Name: JOHN, A.J.  
Address: PO BOX 57879  
City-St-Zip: JACKSONVILLE, FL 322417879

Title: AS ( ) Delete  
Name: O'STEEN, RAYMOND JR.  
Address: PO BOX 57879  
City-St-Zip: JACKSONVILLE, FL 322417879

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND M. O'STEEN

PCT

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date