

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 020 ***150.00

DOCUMENT # P04000122809 1. Entity Name GREEN LIGHT OF JACKSONVILLE, CORP.					
Principal Place of Business 3410 SCRIMSHAW DR JACKSONVILLE, FL 32257			Mailing Address 3410 SCRIMSHAW DR JACKSONVILLE, FL 32257		
2. Principal Place of Business 5850 LAKEHURST DR. Suite, Apt. #, etc. 250-2		3. Mailing Address 5850 LAKEHURST DR. Suite, Apt. #, etc. 250-2			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-1570610	
Zip 32819		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOS SANTOS SILVA, LARISSA 3410 SCRIMSHAW DR JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name DOS SANTOS SILVA, LARISSA Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DR. # 250-2 ORLANDO City ORLANDO FL Zip Code 32819	
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 <u><i>Larissa Silva</i></u> LARISSA SILVA 4/26/2005 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOS SANTOS SILVA, LARISSA <input type="checkbox"/> Delete 3410 SCRIMSHAW DR JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOS SANTOS SILVA, LARISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5850 LAKEHURST DR. # 250-2 ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Larissa Silva</i></u> (LARISSA SILVA) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/2005 (407) 345-4733 <small>Date Daytime Phone #</small>		