
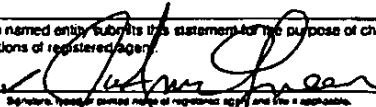
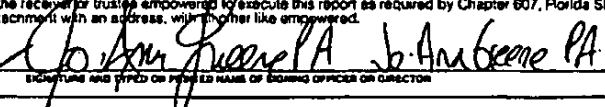


FILED
Aug 08, 2005 8:00 am
Secretary of State

03-28-2005 90061 011 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000123529			
1. Entry Name JO ANN GREENE, P.A.			
Principal Place of Business 4612 SW 5TH AVENUE CAPE CORAL, FL 33914 US		Mailing Address 4612 SW 5TH AVENUE CAPE CORAL, FL 33914 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENE, JO ANN 4612 SW 5TH AVENUE CAPE CORAL, FL 33914		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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: 		DATE: 7-5-05	
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	PVST GREENE, JO ANN 4612 SW 5TH AVENUE CAPE CORAL, FL 33914 <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)(c), 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 other like empowered.			
SIGNATURE: 		DATE: 7-5-05	

66025569



03222005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1546449
 Applied For
Not Applicable
 9. Certificate of Status Desired \$8.75 Additional
Fee Required

Message

ATTACHMENT

Page 1 of 1

Joann Greene

66665569
#P 04000 123529

From: corphelp [corphelp@dos.state.fl.us]
Sent: Thursday, June 30, 2005 9:46 AM
To: Joann Greene
Subject: RE: Notice of Intent to Dissolve

The check has been cashed and the annual report was returned on 03/31/05 for corrections. You can contact our Annual Report Section for further instructions on filing the form at (850)245-6059.

Rob
Internet Access

-----Original Message-----

From: Joann Greene [mailto:Joann.Greene@PaulHomes.com]
Sent: Thursday, June 30, 2005 9:27 AM
To: corphelp@dos.state.fl.us
Subject: Notice of Intent to Dissolve

Hello, My name is Jo Ann Greene, P.A., I received a postcard stating I did not pay my annual report fee. I sent my check on 3/24/05 and it was posted at the bank on 4/1/05, it was check # 1018 for \$150.00 made out to Florida Department of State with P04000123529 on the memo line. Please advise on anything further I have to do.

Thank you,
Jo-Ann Greene, P.A.
4612 SW 5th Ave
Cape Coral, FL 33914
239-560-7583
joann.greene@paulhomes.com

7/11/2005