

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156437

Entity Name: ARNETT C GREENE INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

2737 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2737 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 20-1891975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ARNETT C
2737 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32209 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: PRES () Delete
Name: GREENE, ARNETT C
Address: 2737 EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR () Change (X) Addition
Name: GREENE, CLAUDETTE M
Address: 2915 EDGEWOOD AVE W
City-St-Zip: JACKSONVILLE L, FL 32209

Title: DIR () Change (X) Addition
Name: GREENE, ALTON R
Address: 530 STONERBRIAR WAY
City-St-Zip: ATLANTA, GA 30331

Title: DIR () Change (X) Addition
Name: DAWKINS, ARNIKA G
Address: 3 CASCADE POINTE
City-St-Zip: ATLANTA, GA 30331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARNETTE C GREENE

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

Date