

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 021 ***150.00

DOCUMENT # P05000077711

1. Entity Name
GREENSPRINGS SOUTH, INC.



Principal Place of Business
**12 62ND STREET
YANKEETOWN, FL 34498**

Mailing Address
**12 62ND STREET
YANKEETOWN, FL 34498**

50010656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03052006

Chg-P

CR2E034 (11/05)

4. FEI Number

87-0745258

Applied For

Not Applicable

Zip

Country

LEVY

Zip

Country

LEVY

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINEOUT, DIANNE D
12 62ND STREET
YANKEETOWN, FL 34498**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD ☐ Delete
NAME: FINEOUT, DIANNE D
STREET ADDRESS: 12 62ND STREET
CITY-ST-ZIP: YANKEETOWN, FL 34498

TITLE: **SECRETARY/TREASURER** ☐ Change ☒ Addition
NAME: **Chris FINEOUT**
STREET ADDRESS: **12 62nd St**
CITY-ST-ZIP: **Yankeeetown FL 34498**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DIANNE D FINEOUT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2006 352476227
Date Daytime Phone #