## 2007 FOR PROFIT CORPORATION

## Feb 27, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P06000086297 1. Entity Name 02-27-2007 90003 023 \*\*\*158.75 WIT GREENE CONSTRUCTION, INC. Principal Place of Business Mailing Address 5810 N.E. 22ND TERRACE 5810 N.E. 22ND TERRACE 01262004 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5185311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOX, CHRISTOPHER B Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH PINE ISLAND ROAD **SUITE 210** PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Addition TITLE TITLE Change GREENE, WILLIAM T NAME 5810 N.E. 22ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL. 33308 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME GREENE, WILLIAM T NAME **5810 N.E. 22ND TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition GREENE, WILLIAM T NAME NAME STREET ADDRESS **5810 N.E. 22ND TERRACE** STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TIBLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE .... Delete TITLE Change ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

24 FEB '07 113 898 8382

**FILED**