

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 039 ***150.00

DOCUMENT # P06000100340

1. Entity Name
THE GREEN TEAM HOME REPAIR INCORPORATED



Principal Place of Business
**861 WYOLEN STREET
JACKSONVILLE, FL 32254**

Mailing Address
**861 WYOLEN STREET
JACKSONVILLE, FL 32254**

40001336



2. Principal Place of Business - No P.O. Box #
861 Wyolen Street

3. Mailing Address
861 Wyolen Street

Suite, Apt. #, etc.

01062007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL 3

Zip
32254

Country
USA

4. FEI Number
20-4774899

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREENE, ERICKA
861 WYOLEN STREET
JACKSONVILLE, FL 32254**

7. Name and Address of New Registered Agent
Name **Sylvester Greene**
Street Address (P.O. Box Number is Not Acceptable)
861 Wyolen Street
City **Jacksonville** FL Zip Code **32254**

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 **Sylvester Greene** **Sylvester Greene** **1/8/07**
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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP | P GREENE, SYLVESTER 861 WYOLEN STREET JACKSONVILLE, FL 32254 <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 | D GREENE, MICHAEL 861 WYOLEN ST LANE JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director Sylvester Greene 861 Wyolen Street Jacksonville, FL 32254 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SHANK, ROSE 669 SKYBROOK LN JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Sylvester Greene 861 Wyolen Street Jacksonville, FL 32254 <input checked="" 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 |
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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: **Sylvester Greene** **Sylvester Greene** **1/8/07** **904-568-8153**
Signature and typed or printed name of signing officer or director Date Daytime Phone #