

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P25129

1. Entity Name
**THE GREEN LAND DEVELOPMENT COMPANY OF
PENNSYLVANIA**



Principal Place of Business
**PO BOX 825
CARRABELLE, FL 32322-0825 US**

Mailing Address
**PO BOX 825
CARRABELLE, FL 32322-0825 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1597646

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, JAMES A
2916 HIDDEN BEACHES RD
CARRABELLE, FL 32322**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, JAMES A. P.O. BOX 825, RT. 98 W N/A CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, JAMES A. JR. 196 NORTH ROAD BUTLER, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, NANCY A. P.O. BOX 825, RT. 98 W N/A CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/05-80067-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Green

Date

1/30/05

Daytime Phone #

850-697-3153