

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 034 \*\*\*150.00

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



2. Principal Place of Business

572 DICKEY FERRY LN

Suite, Apt. #, etc.

3. Mailing Address

572 DICKEY FERRY LN

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CAIRO, GA

City & State

CAIRO, GA

4. FEI Number

25-1597646

Applied For

Not Applicable

Zip

39828-6261

Country

USA

Zip

39828-6261

Country

USA

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

7. Name and Address of New Registered Agent

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

Nancy A. Green (NANCY A. GREEN) Secretary

1-26-06

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

(NOTE: Registered agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | GREEN, JAMES A.            |                                 |
| STREET ADDRESS | P.O. BOX 825, RT. 98 W N/A |                                 |
| CITY-ST-ZIP    | CARRABELLE FL 32322        |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | GREEN, JAMES A. JR.        |                                 |
| STREET ADDRESS | 196 NORTH ROAD             |                                 |
| CITY-ST-ZIP    | BUTLER PA                  |                                 |
| TITLE          | STD                        | <input type="checkbox"/> Delete |
| NAME           | GREEN, NANCY A             |                                 |
| STREET ADDRESS | P.O. BOX 825, RT. 98 W N/A |                                 |
| CITY-ST-ZIP    | CARRABELLE FL 32322        |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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: Nancy A. Green (NANCY A. GREEN) Secretary, 1-26-06, 229-872-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #