2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOCUMENT # P32806 **Secretary of State** GEORGE F. GREEN, INC. Principal Place of Business Mailing Address 3004 S PENINSULA DR DAYTONA BCH FL 32118 P O BOX 477 FRUITLAND PARK FL 34731-0477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite. Apt # etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 61-1111915 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 CYRUS, ROBERT R. Street Address (P.O. Box Number is Not Acceptable) 214-A N. 3RD ST. P.O. BOX 491635 LEESBURG FL 34748 City 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 agont and liftle if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CD Delete TITLE ☐ Change Addition U00000017971 01/29/04-80117-004 150.00 GREEN, GEORGE F. NAME NAME STREET ADDRESS 3004 S PENINSULA DR STREET ADDRESS CITY - ST - ZIP DAYTONA BCH FL CATY - ST - ZIP PS7 TITLE ☐ Delete HRE Change ☐ Addition NAME GREEN, GEORGE F. 36624 STREET ADDRESS 3004 S PENINSULA DR STREET ADDRESS CITY - ST-ZIP DAYTONA BCH FL 09Y-SI-79P THEF Delete TIBLE ☐ Change Addition NAME NAASE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CETY+ST-ZIP TITLE ☐ Belete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CREY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Caty-ST-ZIP

12. If 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:

Bytan Glerne F. Green

1/21/04 352-787-0749

FILED