

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90097 040 ***150.00

DOCUMENT # P93000040092

1. Entity Name
GREENFIELD CENTER, INC.



Principal Place of Business
1820 BARRS ST
SUITE 640
JACKSONVILLE, FL 32204

Mailing Address
1820 BARRS ST
SUITE 640
JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #
1 SHIRCLIFF WAY
Suite, Apt. #, etc.
640

3. Mailing Address
1 SHIRCLIFF WAY
Suite, Apt. #, etc.
640

City & State
JACKSONVILLE, FL
Zip
32204
Country
USA

City & State
JACKSONVILLE, FL
Zip
32204
Country
USA

02212008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3185641
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENFIELD, SONIA R.
1820 BARRS ST.
SUITE 640
JACKSONVILLE, FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
P
GREENFIELD, SONIA R
STREET ADDRESS
1820 BARRS ST #640 1 SHIRCLIFF WAY
CITY - ST - ZIP
JACKSONVILLE, FL 32204

TITLE
NAME
S
GREENFIELD, MICKEY M
STREET ADDRESS
1820 BARRS ST #640 1 SHIRCLIFF WAY
CITY - ST - ZIP
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 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 [Signature] SONIA R. Greenfield 2/2/08 904-389-3784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #