

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008000

FILED
Apr 26, 2005
Secretary of State

Entity Name: GREENBLADES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

11025 HWY 42
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

11025 HWY 42
SUMMERFIELD, FL 34491 US

New Mailing Address:

FEI Number: 59-3223406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENT, G. EDWARD
308 E. FIFTH AVE.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBBINS, JOESPH T
Address: 19848 EAST ALTOONA ROAD
City-St-Zip: ALTOONA, FL 32702

Title: VD () Delete
Name: ROBBINS, ALENE W
Address: 19848 EAST ALTOONA ROAD
City-St-Zip: ALTOONA, FL 32702

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: SPRIET, WILLIAM J
Address: 772 CASTLEBERRY CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: TD () Change (X) Addition
Name: WILSON, DANNY K
Address: 1201 SINCLAIR AVE
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T ROBBINS

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04/26/2005

Electronic Signature of Signing Officer or Director

Date