

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000080472

Entity Name: D.P. GREENE, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5048 HARROW RD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

5048 HARROW RD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-3276326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GREENE, DONALD P  
5048 HARROW RD  
JACKSONVILLE, FL 32217 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GREENE, DONALD P  
Address: 5048 HARROW RD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: S  
Name: GREENE, GINGER  
Address: 5048 HARROW RD  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: DONALD GREENE

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date