


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000043547**

1. Entity Name  
 GREENE RIVER PACKING, INC.



Principal Place of Business      Mailing Address

6920 N US 1                              6920 N US 1  
 VERO BEACH, FL 32967    US                              VERO BEACH, FL 32967    US

**DO NOT WRITE IN THIS SPACE**



01062005    No Chg-P    CR2E034 (10/03)

4. FEI Number                              Applied For  
 65-0587579                              Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN A. GREENE  
 2075 38TH AVE.  
 VERO BCH, FL 32960

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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 reinstalling)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	DP RODGERS, JOHN P 1976 SURFSIDE TER VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GREENE, GRIFFIN A 2075 - 38TH AVENUE VERO BEACH, FL 329602450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JANIE E. GREENE 2075 - 38TH AVENUE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, BARNETTE E 2075 - 38TH AVENUE VERO BEACH, FL 329602450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREENE, HARIOT H 2075 38TH AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11900001187955  
 01/24/05-80036-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #