


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000043547
 1. Entity Name
 GREENE RIVER PACKING, INC.



Principal Place of Business 6920 N US 1 VERO BEACH, FL 32967 US	Mailing Address 6920 N US 1 VERO BEACH, FL 32967 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0587579 Applied For
Not Applicable

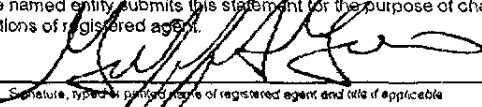
5. Certificate of Status Desired \$8.75 Additional
Fee Required

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  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODGERS, JOHN P
STREET ADDRESS	1976 SURFSIDE TER
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	DVP
NAME	GREENE, GRIFFIN A
STREET ADDRESS	2075 - 38TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 329602450
TITLE	DS
NAME	JANIE E. GREENE
STREET ADDRESS	2075 - 38TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	D
NAME	GREENE, BARNETTE E
STREET ADDRESS	2075 - 38TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 329602450
TITLE	DT
NAME	GREENE, HARIOT H
STREET ADDRESS	2075 38TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/23/06-80012-021 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR