

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90020 045 \*\*\*150.00

**DOCUMENT # P95000060718**

1. Entity Name

**GREENSBORO SMALL ENGINE SERVICE, INC.**



Principal Place of Business

HWY 12  
P.O. BOX 344  
GREENSBORO FL 32330

Mailing Address

HWY 12  
P.O. BOX 344  
GREENSBORO FL 32330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**59-3363165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOLFORK, ROBERT  
THE MURPHY HOUSE  
317 EAST PARK AVE  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | JENKINS, WILLIE E JR |  |
| STREET ADDRESS | 3117 GALIMORE DR     |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32310 |  |
| TITLE          | VD                   | <input type="checkbox"/> Delete            |
| NAME           | BENNETT, KAREN J     |  |
| STREET ADDRESS | 3117 GALIMORE DR     |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32310 |  |
| TITLE          | SD                   | <input type="checkbox"/> Delete            |
| NAME           | LUCAS, ADRIENNE J    |  |
| STREET ADDRESS | 3004 GROVE ST        |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32301 |  |
| TITLE          | DT                   | <input checked="" type="checkbox"/> Delete |
| NAME           | JENKINS, THELMA H    |  |
| STREET ADDRESS | 3117 GALIMORE DR     |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32310 |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**DECEASED**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: WILLIE E. JENKINS JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Willie E. Jenkins*  
**2/28/04**  
**850 442-6103**