2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-10-2006 90001 047 ***150.00

DOCUMENT # P95000066458

1. Entity Name
GREENERY SQUARE, INC.

Principal Place of Business	Mailing Address
5402 NW 8 AVE GAINSVILLE FL 32605	5402 NW 8TH AVE GAINESVILLE FL 32605

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
622 NW 125 DR	622 NW 125 DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWBERRY FL	City & State: NEWBERRY FL
Zip: 32669 Country: USA	Zip: 32669 Country: USA

4. FEI Number 59-3334403 ☐ 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
GIVENS, JANET 1616 BROOKWOOD RD JAX FL 32207	Name: GIVENS, JANET Street Address (P.O. Box Number is Not Acceptable): 622 NW 125 DR City: NEWBERRY FL Zip Code: 32669

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: Janet Givens DATE: 8.2.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIVENS, JANET 1616 BROOKWOOD RD JAX FL 32207	☐ Delete	D GIVENS JANET 622 NW 125 DR NEWBERRY FL 32669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLIKES, RICHARD J 501 EUWCHLAN AVE CHESTER SPGS PA 19425	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLIKES, THOMAS T 210 79 DR GAINSVILLE FL 32607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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

SIGNATURE: Janet Givens 8.2.06 352.333.3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #