2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| DOCUMEN # P96000016887 1. Entity Name GREEN'S CONSTRUCTION, INC. | | | | Secretary of State |
|---|--|---------------------------------------|--|--|
| Principal Place of Business | | Mailing Address | | - |
| 21280 COUNTY ROAD 455 CLERMONT FL 34711 | | 21280 COUNTY ROA CLERMONT FL 34711 | | |
| 2. Principal Place of Business | | 3. Mailing Address | <u></u> | |
| Suite, Apt, #, etc. | | Suite, Apt. #, etc. | , | MOORE CR2E034 (11/03) |
| City & State | | City & State | | 4. FEI Number 59-3361709 Applied For Not Applicable |
| Zip | Country | Zıp | Country | 5. Certificate of Status Desired See Required Fee Required |
| | 6. Name and Address of Curr | ent Registered Agent | Name | 7. Name and Address of New Registered Agent |
| GREEN, VIOLA L 21280 COUNTY ROAD 455 CLERMONT FL 34711 | | | | s (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 | | | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550. k Payable to Florida Departmen | 00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | , , , , , , , , , , , , , , , , , , , | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | P GREEN, LEO 21280 COUNTY RD., 455 CLERMONT FL | ☐ Delete | ITILE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition U000000060991 02/23/04-80060-024 150.00 |
| TITLE NAME | VP GREEN, VIOLA | ☐ Defete | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 21280 COUNTY RD., 455 CLERMONT FL | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| of the co | certify that the information supplied d on this report or supplemental reporporation or the receiver or trustee e t, or on an attachment with an addre | empowered to execute this repo | rt as required by Chapter 6 | Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath, that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 if |

SIGNATURE: Les + Wiola Green Viola L. Green 2-18-04 (352) 394-5790