


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90017 019 \*\*\*150.00

<b>DOCUMENT # P96000103954</b>	
1. Entity Name <b>GREENTREE INVESTMENT CORP.</b>	

Principal Place of Business <b>11478 PINE ST. JACKSONVILLE, FL 32258</b>	Mailing Address <b>P.O. BOX 56644 JACKSONVILLE, FL 32258</b>
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**60023932**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>11512 Lake Mead Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 303</b>
City & State	City & State <b>Jacksonville, FL</b>
Zip	Country <b>32256 USA</b>

04092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3422098</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent	
<b>BOND, C-G</b>	
<b>3010 S ST 11512 Lake Mead Ave., Suite 303</b>	
<b>JACKSONVILLE BCH, FL 32258 Jacksonville, FL 32256</b>	
City <b>FL</b> Zip Code	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UDLEY, JOHNNY L</b> <b>11478 PINE ST.</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREWS, KIMBER L</b> <b>11478 PINE ST.</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **4-14-08** **904-322-5456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #