## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000024231**

1. Entity Name GREÉNHAUS & ASSOC., INC.

**FILED** Jul 07, 2004 08:00 AM **Secretary of State** 

Principal Place of Business 7930 BAY POINTE DR APT B-25 TAMPA, FL 33615

Mailing Address 7930 BAY POINTE DR APT B-25 TAMPA, FL 33615



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P Applied For 4. FEI Number

CR2E034 (10/03)

59-3438397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GREENHAUS, JAMES 7930 BAY POINTE DR **APT B-25** 

## DO NOT WRITE IN THIS SDACE

TAMPA, FL 33615			IN THIS SPACE		
the obligat	named entity submits this statement for the plant on sof registered agent	nurpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable, (NOTE Registered	i Agent signaturi	required when reinstating)	DATE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Election Campaign Finan     Trust Fund Contribution.	cing $\square$	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation dld not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD GREENHAUS, JAMES 7930 BAY POINTE DR APT 8-25 TAMPA, FL 33615	CTORS			U00000164000 07/07/04-80027-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

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:

City-St-ZIP