2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103634 1. Entity Name GREENFIELD HOMES, INC.



Principal Place of Business

508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301

Mailing Address

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301

FILED Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90241 002 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3485427 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

04162005

Fee Required

Daytime Phone

CR2E034 (10/03)

THOMPSON, SUSAN S 3520 THOMASVILLE ROAD

SIGNATURE:

DO NOT WRITE

No Chg-P

| 4TH FLOOR | | | 2.5 | JAN INI | TUIC | CDACE | |
|--|--|---|--|--------------------------------|---------------------------------------|---------------------------|--|
| TALLAHASSSEE, FL 32308 | | | | A PARTIES | | SPACE | |
| | .: • | | | | | | |
| 8. The above | named entity submits this statement for the p | urpose of changing its register | red office or re | gistered agent, or b | oth, in the Stat | e of Florida. I am fami | iar with, and accept |
| i the obligat | tions of registered agent. | | | | | | |
| SIGNATURE. | | | | | | | |
| , | Signature, typed or printed name of registered agent and title | f applicable. (NOTE: Registere | ed Agent signature i | required when reinstating) | | DATE | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | E. Salar | | | | 18 1 Bar 18 1 1 Sec. |
| TITLE | CEOD | | | | | | |
| NAME | TURNER, FREDERICK | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 508-A CAPITAL CIRCLE S.E. | | | GATE A | X. | | |
| | TALLAHASSEE, FL 32301 | 4 | - | | | | n e tra 1920 i na sana Ngjaran |
| TITLE | PD | | 9 | | Anna Sana | | |
| NAME STREET ADDRESS | TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. | | | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | 4, | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
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| STREET ADDRESS CITY-ST-ZIP | | | | | | | 77 |
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| - TITLE NAME | | | | | and Salaha di Gundan ya | | |
| STREET ADDRESS | | | | | | | The second second |
| CITY-ST-ZIP | | | | | | | |
| 12. I hereby | certify that the information supplied with this file | ing does not qualify for the eve | emotion stated | in Section 119 07/2 | Vi) Florida Sta | tutes. I further continue | at the information |
| 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 received 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 | | | | | | | |
| of the corporation or the receiver of 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. | | | | | | | |