2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P98000071003 1. Entity Name 04-06-2004 90024 014 ***150.00 THE GREENWAYS OF GAINESVILLE CORP. Principal Place of Business Mailing Address 19687 OAKBROOK CIRCLE BOCA RATON FL 33434 19687 OAKBROOK CIRCLE 54027187 **BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business NE TACKSONVILLE BY 7482 NE TICKENVILLE RD 7482 Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0860600 BURLA CAL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -WEISS WEISS, ARTHUR D Street Address (P.O. Box Number is Not Acceptable 19687 OAKBROOK CIRCLE NE TACKSON **BOCA RATON FL 33434** OCALA 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. PRESIDENT RONALD A. WIEISS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Change Delete PROPERTY PROPERTY WEISS, ARTHUR D NAME RONNED A, WEISS STREET ADDRESS 19687 OAKBROOK CIRCLE STREET ADDRESS 748Z NE. JACKSOVILLE RD. OCALA, FI. 34479 **BOCA RATON FL 33434** CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: FORMER U. WEISS CONTO A. WEISS

NAME

STREET ADDRESS

CITY-ST-7IP

4-4-04

FILED

(352)351-1911

Daytime Phone #