


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000073167 1. Entity Name TOMMY GREENE ENTERPRISES, INC.	
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Principal Place of Business STATE RD 53 SOUTH MADISON, FL 32340	Mailing Address PO BOX 427 MADISON, FL 32341
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3630872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENE, TOMMY
STATE RD 53 SOUTH
MADISON, FL 32340**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, TOMMY SR 53 SOUTH MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENE, WILLIAM RT 1 BOX 3665 MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALHOF, LATRELLE RT 4 BOX, 1569 MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINSLEY, EMERALD G SR 53 SOUTH MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/04-80021-024 150.00

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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: Tommy Greene **TOMMY GREENE** 1-24-04 850-973-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #