

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000106750

1. Entity Name
GREENSLEEVES AMERICA, INC.



Principal Place of Business
**2030 HOLLY HAMMOCK RD
DELEON SPRINGS, FL 32130**

Mailing Address
**P.O. BOX 280
DELEON SPRINGS, FL 32130**



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3546736 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MCKENZIE, CHARLENE H
2030 HOLLY HAMMOCK RD
DELEON SPRINGS, FL 32130**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | PT MCKENZIE, CHARLENE H 2030 HOLLY HAMMOCK ROAD DELEON SPRINGS, FL 32130 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MCKENZIE, JOHN H JR 2030 HOLLY HAMMOCK ROAD DELEON SPRINGS, FL 32130 |
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04/01/05-80004-001 150.00

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IN THIS SPACE**

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: Charlene H. McKenzie 3/29/05 386-734-5128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #