

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 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**



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3546736

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**U00000557534
05/17/06-80054-004 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PT
NAME MCKENZIE, CHARLENE H
STREET ADDRESS 2030 HOLLY HAMMOCK ROAD
CITY-ST-ZIP DELEON SPRINGS, FL 32130**

**TITLE VS
NAME MCKENZIE, JOHN H JR
STREET ADDRESS 2030 HOLLY HAMMOCK ROAD
CITY-ST-ZIP DELEON SPRINGS, FL 32130**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06

Date

386-734-5128

Daytime Phone #