2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000035423 03-28-2005 90063 045 ***150.00 GREENE BUILDERS, INC. Principal Place of Business Mailing Address 2435 US HWY 19 STE 350 2435 US HWY 19 STE 350 HOLIDAY, FL 34691 HOLIDAY, FL 34691 2. Principal Place of Business 8335 CAMBRIA COURT 3. Maiting Address POST OFFICE BOX 959 Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 CR2E034 (10/03) City & State NEW PORT RICHEY 4. FEI Number Applied For 59-1945947 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIGURSKI, GERALD A Street Address (P.O. Box Number is Not Acceptable) HE OAKS AT PERRING 2435 US HWY 19 STE 350 HOLIDAY, FL 34691 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete MLE ☐ Channe ☐ Addition GREENE, DAVID R NAME NAME STREET ADDRESS 8335 CAMBRIA COURT STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL CITY-ST-ZIP STD TITLE ☐ Delete TITI F ☐ Change ☐ Addition GREENE, JERRI NAME NAME 8335 CAMBRIA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MICHELLE GREENE NAME NAME 8335 CAMIBRIA STREET ADDRESS STREET ADDRESS COURT CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 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. CREENE JERRI SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 28, 2005 8:00 am