

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000105704

1. Entity Name  
GREENWELL PROPERTIES, INC.



Principal Place of Business  
7369 WESTPORT PLACE  
WEST PALM BEACH, FL 33413

Mailing Address  
7369 WESTPORT PLACE  
WEST PALM BEACH, FL 33413



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0967843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORNWELL, CHARLES C  
7369 WESTPORT PLACE  
WEST PALM BEACH, FL 33413

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

UN00000121847  
04/21/04-80005-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CORNWELL, CHARLES C  
7369 WESTPORT PLACE  
WEST PALM BEACH, FL 33413

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GREEN, ERIC E  
15189 SCOTT PLACE  
LOXAHATCHEE, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BECKMON, JAMES E  
5835 DRYDEN PLACE  
WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANDERSON, KENNETH C  
16887 W. DERBY DRIVE  
LOXAHATCHEE, FL 33407

TITLE  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(f), 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: Charles C. Cornwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

561-845-0123

Daytime Phone #