

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90103 047 ***158.75

DOCUMENT # V14819

1. Entity Name

GREENHAVEN OF JASPER, INC.



Principal Place of Business

~~678 W. BAY ST.~~
~~WINTER GARDEN FL 34787~~

505 N. Boyd St
Winter Garden FL 34787

Mailing Address

505 N. BOYD ST.
WINTER GARDEN FL 34787

2. Principal Place of Business

Green Haven Apts.

Suite, Apt. #, etc.

~~800 N. CHANBRIDGE DR.~~

3. Mailing Address

505 N. Boyd St

Suite, Apt. #, etc.

City & State

~~345 ft. FL~~

City & State

Winter Garden

Zip

~~32055~~

Country

USA

Zip

34787

Country

USA

4. FEI Number

59-3110947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, TONI G.

~~678 W. BAY ST.~~ 505 N. Boyd St
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STEPHENS, TONI G.
STREET ADDRESS ~~678 W. BAY ST.~~ 505 N. Boyd St.
CITY-ST-ZIP WINTER GARDENS FL

TITLE V ☐ Delete
NAME GREENE, MICHAEL S.
STREET ADDRESS 1613 FRANCES AVE.
CITY-ST-ZIP FT. PIERCE FL

TITLE ST ☐ Delete
NAME GREENE, CLAUDE L.
STREET ADDRESS 678 W. BAY ST.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/05

407 656 6226