


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90106 034 ***150.00

DOCUMENT # 294159 1. Entity Name THE GREATER CONSTRUCTION CORP.	
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Principal Place of Business 1105 KENSINGTON PK DR ALTAMONTE SPGS, FL 32714	Mailing Address 1105 KENSINGTON PK DR ALTAMONTE SPGS, FL 32714
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1107583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDELL, ROBERT A.
 1105 KENSINGTON PARK DR
 ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CE MANDELL, LESTER N 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MANDELL, ROBERT A. 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNYDER, SIMON 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGG, CHARLES W 1105 KENSINGTON PK DR ALTAMONT SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONLEY, HAMPTON W 1105 KENSINGTON PK DR ALTAMONT SPTINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GALLAGHER, STEPHEN M 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL

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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:  **3/21/05** **407 869 0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #