


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 22, 2006 08:00 A
Secretary of State**

DOCUMENT #L38588 1. Entity Name GRECIAN SALES GROUP, INC.	
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Principal Place of Business P.O. BOX 1269 LAKE CITY, FL 32056-1269	Mailing Address P.O. BOX 1269 LAKE CITY, FL 32056-1269
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03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2981071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOVKACH, WALTER M
527 EAST UNIVERSITY AVE.
GAINSVILLE, FL 32601

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000476992 04/06/06-80033-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRECIAN, MICHAEL F GLENWOOD CIRCLE LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRECIAN, ANDREA E GLENWOOD CIRCLE LAKE CITY, FL 32056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael Grechan 3-20-06 386-755-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #