

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38588

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Entity Name:** GRECIAN SALES GROUP, INC.

**Current Principal Place of Business:**

P.O. BOX 1269  
LAKE CITY, FL 320561269

**New Principal Place of Business:**

209 SW HAMLET CIRCLE  
LAKE CITY, FL 32024

**Current Mailing Address:**

P.O. BOX 1269  
LAKE CITY, FL 320561269

**New Mailing Address:**

FEI Number: 59-2981071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRECIAN, MICHAEL F  
Address: GLENWOOD CIRCLE  
City-St-Zip: LAKE CITY, FL 32056

Title: ST ( ) Delete  
Name: GRECIAN, ANDREA E  
Address: GLENWOOD CIRCLE  
City-St-Zip: LAKE CITY, FL 32056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GRECIAN, MICHAEL F  
Address: 209 SW HAMLET CIRCLE  
City-St-Zip: LAKE CITY, FL 32024

Title: ST (X) Change ( ) Addition  
Name: GRECIAN, ANDREA E  
Address: 209 SW HAMLET CIRCLE  
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GRECIAN

P

03/28/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date