


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90662 012 ***150.00

DOCUMENT # P02000082276

1. Entity Name
J&E GRECO BUILDERS INC.



Principal Place of Business Mailing Address

**7932 SOUTHSIDE BLVD.
 #2707
 JACKSONVILLE FL 32256
 US**

**7932 SOUTHSIDE BLVD.
 #2707
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business 3. Mailing Address

5117 B Pineland Ave. **P.O. Box 731255**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Port Orange Florida Drmond Bch. FL.

Zip Country Zip Country

32127 US 32173 US



MOORE CR2E034 (11/03)

4. FEI Number Applied For

02-0636272 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRECO, ERIN L
 7932 SOUTHSIDE BLVD., #2707
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **Erin L. Greco**

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

5117 B Pineland Avenue

City **Port Orange** **FL** Zip Code **32127**

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 *Erin L. Greco* DATE **4-09-04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRECO, ERIN L	
STREET ADDRESS	7932 SOUTH SIDE BLVD., #2707	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRECO, JOEDY C	
STREET ADDRESS	7932 SOUTHSIDE BLVD., #2707	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRECO, JOHN H	
STREET ADDRESS	1130 STILL ROAD	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greco, ERIN L	
STREET ADDRESS	5117 B Pineland Ave.	
CITY-ST-ZIP	Port Orange, FL. 32127	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, JOEDY C	
STREET ADDRESS	5117 B Pineland Ave.	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Erin L. Greco* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR