


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90020 040 \*\*\*158.75

**DOCUMENT # P04000012252**

1. Entity Name  
**2 GREYHOUNDS SMOKIN INC.**



Principal Place of Business      Mailing Address  
**41 OSCEOLA ST**      **41 OSCEOLA ST**  
**ST AUGUSTINE, FL 32084**      **ST AUGUSTINE, FL 32084**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04062008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**20-0593359**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PERCIFIELD, PEGGY**  
**41 OSCEOLA ST**  
**ST AUGUSTINE, FL 32084**

**7. Name and Address of New Registered Agent**

Name  
*Peggy Percifield and Jack Percifield*

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

City *St. Augustine*      **FL**      Zip Code *32084*

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 *Peggy Percifield P Jack Percifield*      DATE *4/20/2008*

Signature of officer 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, 2008 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	<input type="checkbox"/> Delete
	PERCIFIELD, PEGGY	41 OSCEOLA ST	ST AUGUSTINE, FL 32084	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Jack Percifield	41 Osceola St.	St Augustine FL 32084	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Peggy Percifield*      Date *4/20/2008*      Daytime Phone # *904-829-3186*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR