

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102051

FILED
Apr 30, 2007
Secretary of State

Entity Name: GRECIAN & COMPANY, INC.

Current Principal Place of Business:

355 SW BELLMONT DRIVE
LAKE CITY, FL 32024 US

New Principal Place of Business:

2988 NW US HWY 41
LAKE CITY, FL 32055 US

Current Mailing Address:

PO BOX 2947
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 20-3193109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

GRECIAN, LYNNE
2988 NW US HWY 41
LAKE CITY, FL 32055 US

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: LYNNE GRECIAN

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRECIAN, PAUL
Address: PO BOX 2947
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: GRECIAN, PAUL
Address: PO BOX 2947
City-St-Zip: LAKE CITY, FL 32056

Title: V () Delete
Name: GRECIAN, JOEL
Address: PO BOX 2947
City-St-Zip: LAKE CITY, FL 32056

Title: S () Delete
Name: GRECIAN, JONATHAN
Address: PO BOX 2947
City-St-Zip: LAKE CITY, FL 32056

Title: T () Delete
Name: GRECIAN, LYNNE
Address: PO BOX 2947
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYNNE GRECIAN

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date