

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102051

FILED
Apr 27, 2009
Secretary of State

Entity Name: GRECIAN & COMPANY, INC.

Current Principal Place of Business:

2988 NW US HWY 41
LAKE CITY, FL 32055 US

New Principal Place of Business:

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:

GRECIAN, LYNNE
2988 NW US HWY 41
LAKE CITY, FL 32056 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, 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

_____ Electronic Signature of Signing Officer or Director

T

04/27/2009

_____ Date