

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35079

Entity Name: GRE SO FLA, INC.**Current Principal Place of Business:**250 CIVIC CENTER DR
SUITE 500
COLUMBUS, OH 43215**Current Mailing Address:**250 CIVIC CENTER DR
SUITE 500
COLUMBUS, OH 43215 US**FEI Number:** 31-1227404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VTD
Name	CASTO, DON M., III
Address	250 CIVIC CENTER DR SUITE 500
City-State-Zip:	COLUMBUS OH 43215

Title	PTD
Name	BENSON, FRANK S., III
Address	250 CIVIC CENTER DR SUITE 500
City-State-Zip:	COLUMBUS OH 43215

Title	D
Name	CASTO, WILLIAM G
Address	399 TAYLOR BLVD.,#103
City-State-Zip:	PLEASANT HILL CA 94523

Title	D
Name	WIBBELSMAN, NANCY B
Address	250 CIVIC CENTER DR SUITE 500
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	CONFER, MATTHEW
Address	270 W PEARL STREET SUITE 103
City-State-Zip:	JACKSON WY 83001

I hereby 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 all other like empowered.

SIGNATURE: JILL PROBST**ASST. SECRETARY****04/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date