

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000102051

**Entity Name:** GRECIAN & COMPANY, INC.

**Current Principal Place of Business:**

2988 NW US HWY 41  
LAKE CITY, FL 32055

**Current Mailing Address:**

PO BOX 2947  
LAKE CITY, FL 32056 US

**FEI Number: 20-3193109**

**Certificate of Status Desired: No**

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GRECIAN, PAUL  
Address PO BOX 2947  
City-State-Zip: LAKE CITY FL 32056

Title V  
Name GRECIAN, LYNNE  
Address PO BOX 2947  
City-State-Zip: LAKE CITY FL 32056

Title S  
Name GRECIAN, LYNNE  
Address PO BOX 2947  
City-State-Zip: LAKE CITY FL 32056

Title T  
Name GRECIAN, PAUL  
Address PO BOX 2947  
City-State-Zip: LAKE CITY FL 32056

*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: LYNNE GRECIAN**

**SECRETARY**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date