

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90416 045 ***150.00

DOCUMENT # 195670

1. Entity Name

GREATER FLORIDA INC



Principal Place of Business

**2109 LITHIA PINECREST
VALRICO FL 33594**

Mailing Address

**2109 LITHIA PINECREST
VALRICO FL 33594**

34030000

2. Principal Place of Business

2504 Lithia Pinecrest Rd
Suite, Apt. #, etc.

3. Mailing Address

2504 Lithia Pinecrest Rd
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Valrico, Florida

City & State

Valrico, Florida

4. FEI Number

59-1088210

Applied For

Not Applicable

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLFSON, DOROTHY D
2504 LITHIA PINECREST RD
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OLFSON, DOROTHY D**
STREET ADDRESS **2504 LITHIA PINECREST RD**
CITY-ST-ZIP **VALRICO FL**

TITLE **PDS** ☐ Delete
NAME **GREER, DOROTHY E.**
STREET ADDRESS **2109 LITHIA PINECREST RD**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorothy D. Olfson - Dorothy D. OLFSON 3/31/04 813-689-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #