

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90079 031 ***150.00

DOCUMENT #216189 1. Entity Name GREGCO, INC.					
Principal Place of Business 2700 N.E. 14 STREET POMPANO BEACH, FL 33062				Mailing Address 2560 SE 7TH DR. POMPANO BCH., FL 33062 US	
2. Principal Place of Business 2400 E. Sample Rd Suite, Apt. #, etc. #7		3. Mailing Address 3229 E. Atlantic Blvd Suite, Apt. #, etc. Box 2183			
City & State Light House Point, FL		City & State Pompano Beach, FL		4. FEI Number 59-0858173	
Zip 33064		Country Barward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, HARTSHORN B 2560 SW 7TH DRIVE POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Same Name Street Address (P.O. Box Number is Not Acceptable) 2400 E. Sample Rd #7 City Light House Point FL Zip Code 33064	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GREGORY, MARTIN A., JR. 2700 NE 14 ST CSWY POMPANO BCH, FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GREGORY, HARTSHORN B. 2560 SW 7TH DRIVE POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GREGORY-KING, MARGARET 122 CARNEGIE RD RUTHERFORDTON, NC		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Hartshorn B Gregory</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/13/06 954-948-2700 Date Daytime Phone #		