

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 372546

1. Entity Name
GREATER FLORIDA FINANCIAL SERVICES, INC.



Principal Place of Business
**1876 N UNIVERSITY DR
PLANTATION, FL 33318 US**

Mailing Address
**P.O. BOX 15005
PLANTATION, FL 33318 US**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1386988

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, ARNOLD
1681 S.W. 55 AVENUE
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PE
NAME	STANLEY, M.E.
STREET ADDRESS	1876 N UNIVERSITY DR
CITY- ST- ZIP	PLANTATION, FL
TITLE	D
NAME	STANLEY, M E
STREET ADDRESS	1876 N UNIVERSITY DR
CITY- ST- ZIP	PLANTATION, FL
TITLE	VSTD
NAME	STANLEY, IRA
STREET ADDRESS	1876 N UNIVERSITY DR
CITY- ST- ZIP	PLANTATION, FL
TITLE	D
NAME	STANLEY, IRA
STREET ADDRESS	1876 N UNIVERSITY DR
CITY- ST- ZIP	PLANTATION, FL
TITLE	VD
NAME	STANLEY, ARNOLD R
STREET ADDRESS	1876 N. UNIVERSITY DRIVE
CITY- ST- ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/03/04-80217-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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, title, or other like empowered

SIGNATURE:

[Signature]

IRA STANLEY

4/30/04

954 475-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #