2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 372546

Entity Name: GREATER FLORIDA FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1876 N UNIVERSITY DR
PLANTATION, FL 33318 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15005
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 59-1386988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PE	( ) Delete
Name:	STANLEY, M.E.	
Address:	1876 N UNIVERSITY DR	
City-St-Zip:	PLANTATION, FL	
Title:	D	( ) Delete
Name:	STANLEY, M E	
Address:	1876 N UNIVERSITY DR	
City-St-Zip:	PLANTATION, FL	
Title:	VSTD	( ) Delete
Name:	STANLEY, IRA	
Address:	1876 N UNIVERSITY DR	
City-St-Zip:	PLANTATION, FL	
Title:	D	( ) Delete
Name:	STANLEY, IRA,	
Address:	1876 N UNIVERSITY DR	
City-St-Zip:	PLANTATION, FL	
Title:	VD	( ) Delete
Name:	STANLEY, ARNOLD R	
Address:	1876 N. UNIVERSITY DRIVE	
City-St-Zip:	PLANTATION, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STANLEY, ARNOLD R	
Address:	1876 N. UNIVERSITY DRIVE	
City-St-Zip:	PLANTATION, FL	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IRA STANLEY V 04/30/2005

Electronic Signature of Signing Officer or Director Date