

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372546

FILED
May 04, 2009
Secretary of State

Entity Name: GREATER FLORIDA FINANCIAL SERVICES, INC.

Current Principal Place of Business:

7540 NW 5TH ST
SUITE 1
PLANTATION, FL 33317 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, I A V
7540 NW 5TH ST.
SUITE 1
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANLEY, M E
Address: 7540 NW 5TH ST. SUITE 1
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: STANLEY, M A
Address: 7540 NW 5TH ST. SUITE 1
City-St-Zip: PLANTATION, FL

Title: VSTD () Delete
Name: STANLEY, I A
Address: 7540 NW 5TH ST. SUITE 1
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: STANLEY, M L
Address: 7540 NW 5TH ST. SUITE 1
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: STANLEY, M B
Address: 7540 NW 5TH ST. SUITE 1
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: I A STANLEY

VP

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date