

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90076 048 \*\*\*150.00

**DOCUMENT # 398771**

1. Entity Name

GREENBRIAR REALTY #1, INC.



Principal Place of Business

311 S. SECOND ST.  
FT PIERCE FL 34950  
US

Mailing Address

P O BOX 1270  
FT PIERCE FL 34954

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1554274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, CHESTER B  
311 S. 2ND ST.  
FT. PIERCE FL 34950

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	<input type="checkbox"/> Delete
NAME	NEILL, RICHARD V	
STREET ADDRESS	311 SOUTH SECOND STREET	
CITY-ST-ZIP	FT PIERCE, FL 0	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, CHESTER B.	
STREET ADDRESS	311 SOUTH SECOND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JEFFRIES, MICHAEL	
STREET ADDRESS	311 SOUTH SECOND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ROBERT M	
STREET ADDRESS	311 SOUTH SECOND STREET	
CITY-ST-ZIP	FT PIERCE, FL 0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Richard V. Neill, Jr. - Director + Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	311 So. 2nd St	
STREET ADDRESS	FT Pierce, Fla 34954	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Stephen Treanor	
STREET ADDRESS	311 So. 2nd St	
CITY-ST-ZIP	FT Pierce, Fla. 34954	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Fowler	
STREET ADDRESS	311 So. 2nd St	
CITY-ST-ZIP	FT Pierce, Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Chester B. Griffin, Pres.* (CHESTER B. GRIFFIN)

4/6/04

1-772-464-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #