

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 484936

1. Entity Name
MARTIN & GREER BROKERAGE CO., INC.



Principal Place of Business
**847 CASSAT AVENUE
P.O. BOX 37390
JACKSONVILLE, FL 32236-4390**

Mailing Address
**847 CASSAT AVENUE
P.O. BOX 37390
JACKSONVILLE, FL 32236-4390**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1627380	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREER, JOHN C.
847 CASSAT AVE.
JACKSONVILLE, FL 32205**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000586521
01/16/07-80054-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	GREER, JOHN C.
STREET ADDRESS	847 CASSAT AVE.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	V
NAME	JACKSON, PAMELA
STREET ADDRESS	847 CASSAT AVE.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Greer **John Greer**

1/12/07 **1/12/07** *(904)387-9511* **(904)387-9511**

Date

Daytime Phone