


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 538508		
1. Entity Name P. GRECO & SONS, INC.		

Principal Place of Business 6719 22ND ST N SAINT PETERSBURG, FL 33702	Mailing Address 6719 22ND ST N SAINT PETERSBURG, FL 33702
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1772932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CENTER JR., CLAVENCE E.
414 TURNER ST
CLEARWATER, FL 34616

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P GRECO, AL 6719 22ND ST N SAINT PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CENTER, CLARENCE E JR 414 TURNER ST CLEARWATER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRECO, ALAN A 6719 22ND ST N SAINT PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(f), 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: *Albert A. Greco* **Albert A. Greco** *2/6/04* *(727) 527-6046*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President* Date Daytime Phone #