

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Jan 18, 2005 08:00 AM
Secretary of State



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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, 2005 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CENTER, CLARENCE E JR
414 TURNER ST
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GRECO, ALAN A
6719 22ND ST N
SAINT PETERSBURG, FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000182189
01/19/05-80018-006 150.00

**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, Pres 1-11-05 (727) 527-6046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #