## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 08:00 Al Secretary of State

\$8.75 Additional

Fee Required

ANNU	AL REPORT		_
DOCUMENT # 538508  1. Entity Name P. GRECO & SONS, INC.			
Principal Place of Business 6719 22ND ST N	Mailing Address 6719 22ND ST N		
SAINT PETERSBURG, FL 33702	SAINT PETERSBURG, FL. 337	02	
DO NOT WRIT	TE IN THIS SPA	CE	01082008

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01082008	No Chg-P	CR2E034 (11/05)					
4. FEI Number			Applied For				
59-1772	932		Not Applicat				

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

CLEARWA	ATER, FL 34616			IN T	THIS SPACE	
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or I	registered agent, or bo	oth, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered A	gent signatur	e required when reinstating)	OATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	<u>UD0000762489</u> 01/15/08-80077-007 15	0.00
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P GRECO, AL 6719 22ND ST N SAINT PETERSBURG, FL 33702	CTORS				
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			DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-71P						

12. Thereby 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.

RIGH	ATURE AND TYPED ON PRINTED HAME	Date	Daytime Phone #		
SIGNATURE:	herr A Guin	Pres Albert	A. Greco	01/10/0	8 727-527-6046