


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001961

1. Entity Name
GREDER REALTY, INC.



Principal Place of Business
3323 LAKESIDE DR
DAVIE, FL 33328

Mailing Address
3323 LAKESIDE DR
DAVIE, FL 33328



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1157418

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SWEITZER, PEGGY
3323 LAKESIDE DR
DAVIE, FL 33328

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when installing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contributor. **\$5.00 May Be Added to Fees**

U00000468463
03/24/06-80031-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POC SWEITZER, PEGGY 3323 LAKESIDE DR DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC SWEITZER, PEGGY 3323 LAKESIDE DR DAVIE, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Peggy M Sweitzer 3/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/MS/Phone #