# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2005 08:00 AM**
**Secretary of State**

DOCUMENT# F95000003124

1. EntityName
GRENICKCORPORATION

PrincipalPlaceofBusiness
C/O QUEST COMPANY
921 DOUGLAS AVE STE 200
ALTAMONTE SPRINGS, FL 32714

MailingAddress
C/O QUEST COMPANY
921 DOUGLAS AVE STE 200
ALTAMONTE SPRINGS, FL 32714

04192005 NoChg-P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEINumber
23-2811570
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

LAFRENIERE,STEPHENJ
C/OQUESTCOMPANY
921DOUGLASAVESTE200
ALTAMONTESPRINGS,FL32714

**DO NOT WRITE IN THIS SPACE**

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | O'NEILL,NICHOLASE |
| STREETADDRESS | 309ROSEGLENLANE |
| CITY-ST-ZIP | KENNETTSQUARE,PA19348 |
| TITLE | |
| NAME | |
| STREETADDRESS | |
| CITY-ST-ZIP | |
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| STREETADDRESS | |
| CITY-ST-ZIP | |

U00000321053
04/21/05-80064-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. Ihereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** STEPHEN J. LAFRENIERE 4/19/05 (407)786-4601
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#