## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001576

FILED Aug 10, 2004 Secretary of State

Entity Nai	me: GROENE	EVELD ATLANTIC SOUTH, INC	D.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	FESSIONAL P	LACE			
6 TAMPA, F	L 33637				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7820 PRO 6 TAMPA, F	FESSIONAL P L 33637	LACE			
FEI Number	: 34-1888451	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD			
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	P () GLASS, GREGO		Title: PS (		

9633 PALM RIVER RD STEPHENSONWEG 12 City-St-Zip: TAMPA, FL 33619 US City-St-Zip: GORINCHEM, NL 4207 HB NL Title: () Delete Title: () Change () Addition SKUHROVEC, JOANNE Name: Name: Address: 1130 INDUSTRIAL PARKWAY NORTH Address: BRUNSWICK, OH 44212 US City-St-Zip: City-St-Zip:

Title: VSTD ( ) Delete Title: T (X) Change ( ) Addition

Name:BRUINENBERG, JANName:BRUINENBERG, JANAddress:STEPHENSONWEG 12 GORINCHEM POST BUS 777Address:STEPHENSONWEG 12City-St-Zip:NETHERLANDS, USCity-St-Zip:GORINCHEM, NL 4207 HB NL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE SKUHROVEC AS 08/10/2004