

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G12798

1. Entity Name
GREICO CORPORATION



Principal Place of Business
**32853 PENNSYLVANIA AVE
PO BOX 15
SAN ANTONIO, FL 33576**

Mailing Address
**32853 PENNSYLVANIA AVE
PO BOX 15
SAN ANTONIO, FL 33576**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2251663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUMNER, ROBERT D
14150 6TH ST
DADE CITY, FL 33525**

**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, 2004 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
**PD
GREIF, CATHERINE E
32853 PENNSYLVANIA AVE
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GREIF, JAMES B
37923 SOUTHVIEW AVE
DADE CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCKENDREE, VIRGINIA G
30453 PASCO ROAD
SAN ANTONIO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GREIF, JOHN A
13204 NEWGENT RD
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GREIF, JEROME C
32900 JESS JONES AVE
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia G. McKendree, Sec/Officer*

1-13-04 352-567-667