


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 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**



01112005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PD |
| NAME | GREIF, CATHERINE E |
| STREET ADDRESS | 32853 PENNSYLVANIA AVE |
| CITY-ST-ZIP | SAN ANTONIO, FL 33576 |

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

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

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

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

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05

Date

357-588-2683

Daytime Phone #

VIRGINIA G. MCKENDREE