2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G12798

1. Entity Name
GREICO CORPORATION

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

DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be $550.00

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

000000479702
04/10/06-80014-019 150.00

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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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: Virginia G McKendree, SD 3-21-06 352-567-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VIRGINIA G. MCKENDREE, SD