


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H55168
 1. Entity Name
 GREDIN, INC.



Principal Place of Business 205 W. MAIN STREET AVON PARK, FL 33825	Mailing Address 205 W. MAIN STREET AVON PARK, FL 33825
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2634031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREEN, WALTER R.
 205 W. MAIN STREET
 AVON PARK, FL 33825

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, WALTER R. 1326 E. LAKE LOTELA DR. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORDIN, DONNA M. 4619 STURGEON DR. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HINSLEY, MARY 4923 STURGEON DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/03/04-80177-006 150.00

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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: Walter R. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____