


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 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

**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2634031 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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1100000222125  
 04/04/05-R10315-018 150.00

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: Donna M. Bordin 3-31-05 863-453-3056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #