

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 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



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2634031	Applied For Not Applicable
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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 _____
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

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/15/06-80001-020 150.00

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12. I hereby certify that the information supplied in this report 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: Donna M. Bordin *Donna M. Bordin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 863-453-3056
Date Daytime Phone #