


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 007 ***150.00

DOCUMENT # H60191	
1. Entity Name GREENBRIAR REALTY AND MANAGEMENT CO., INC.	

Principal Place of Business 890 NORTHERN WAY STE D1 WINTER SPRINGS FL 32708 US	Mailing Address 890 NORTHERN WAY STE D1 WINTER SPRINGS FL 32708 US
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2. Principal Place of Business - No P.O. Box # 5454 Lake Howell Road	3. Mailing Address 5454 Lake Howell Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792	Country USA

4. FEI Number 59-2540310	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOWAK, EDWARD 890 NORTHERN WAY STE D1 WINTER SPRINGS FL 32708	
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7. Name and Address of New Registered Agent Name EDWARD NOWAK Street Address (P.O. Box Number is Not Acceptable) 5454 Lake Howell Road City Winter Park FL Zip Code 32792	
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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 <u>Edward Nowak</u> DATE <u>4-16-07</u> <small>Signature, typed or printed name of registered agent and title - applicable (NOT Registered Agent signature required when re-registering)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PD NOWAK, EDWARD 625 PONY COURT WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D NOWAK, MARY ELLEN 625 PONY COURT WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Edward Nowak, President</u> DATE <u>4-16-07</u> TELEPHONE # <u>407 388-1557</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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