


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # J35079 1. Entity Name GRE SO FLA, INC.	
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Principal Place of Business 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568	Mailing Address 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1227404	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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VTD CASTO, DON M., III 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BENSON, FRANK S., III 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTO, WILLIAM G. 399 TAYLOR BLVD., #103 PLEASANT HILL, CA 94523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENSON, NANCY 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, ANN C 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIBBELSMAN, NANCY B 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568

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05/10/07-80067-020 150.00

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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:  **Don M. Casto, III** 4-23-07 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #