

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L38588

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** GRECIAN SALES GROUP, INC.

**Current Principal Place of Business:**

209 SW HAMLET CIRCLE  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1269  
LAKE CITY, FL 320561269

**New Mailing Address:**

**FEI Number:** 59-2981071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOVKACH, WALTER M  
527 EAST UNIVERSITY AVE.  
GAINSVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

FOLDS AND WALKER, LLC  
527 EAST UNIVERSITY AVE.  
GAINSVILLE, FL 32601 US

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.

**SIGNATURE:** S. SCOTT WALKER

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GRECIAN, MICHAEL F  
**Address:** 209 SW HAMLET CIRCLE  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** ST  
**Name:** GRECIAN, ANDREA E  
**Address:** 209 SW HAMLET CIRCLE  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL GRECIAN

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date