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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90184 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M92488

1. Entity Name
G.R.E.B.S. CORPORATION

14020399

Principal Place of Business	Mailing Address
~~140 BRIGHTWATER DRIVE~~ ~~CLEARWATER, FL 33767~~ 2675 RESNIK CIR W PALM HARBOR FL 34683	~~140 BRIGHTWATER DRIVE~~ ~~CLEARWATER, FL 33767~~ 2675 RESNIK CIR W PALM HARBOR FL 34683

04282004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-2902608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

OGRODNY, ZOFIA
~~140 BRIGHTWATER DRIVE~~ 2675 RESNIK CIR.W.
~~CLEARWATER, FL 33767~~ PALM HARBOR FL 34683

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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 _____ 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OGRODNY, BOLESLAW
STREET ADDRESS	~~140 BRIGHTWATER DRIVE~~ 2675 RESNIK CIR W
CITY-ST-ZIP	~~CLEARWATER, FL 33767~~ PALM HARBOR FL 34630
TITLE	SD
NAME	OGRODNY, ZOFIA
STREET ADDRESS	~~140 BRIGHTWATER DRIVE~~ 2675 RESNIK CIR.W
CITY-ST-ZIP	~~CLEARWATER, FL 33767~~ PALM HARBOR FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Zofia Ogrodny Boleslaw Ogrodny 4-28-04 727-733-1577
ZOFIA OGRODNY BOLESLAW OGRODNY
(SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR) Date Daytime Phone #