

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004629

FILED  
Jan 28, 2005  
Secretary of State

**Entity Name:** THE GREYHOUND GANG OF FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 1885  
SEFFNER, FL 33583

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1885  
SEFFNER, FL 33583

**New Mailing Address:**

**FEI Number:** 59-3747341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, JOAN  
1128 BLOOM HILL AVENUE  
VALRICO, FL 33594 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAY, JOAN  
Address: 1128 BLOOM HILL AVENUE  
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete  
Name: MAXWELL, JAN  
Address: 2607 LINDEN TREE STREET  
City-St-Zip: SEFFNER, FL 33584

Title: SD ( ) Delete  
Name: MYERS, PAT  
Address: 1149 OAKHILL ST  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN RAY

PD

01/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date