

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003205

**FILED  
Sep 21, 2004  
Secretary of State**

**Entity Name:** THE SHANNON PIERCE GREVE FOUNDATION, INC.

**Current Principal Place of Business:**

119 BEACHWOOD DRIVE  
PANAMA CITY BEACH, FL

**New Principal Place of Business:**

119 BEACHWOOD DRIVE  
PANAMA CITY BEACH, FL 32413 US

**Current Mailing Address:**

119 BEACHWOOD DRIVE  
PANAMA CITY BEACH, FL

**New Mailing Address:**

119 BEACHWOOD DRIVE  
PANAMA CITY BEACH, FL 32413 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ISLER, CHARLES S III  
434 MAGNOLIA AVENUE  
PANAMA CITY BEACH, FL 32401 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: D                      ( ) Delete  
Name: GREVE, BRANDON G  
Address: 119 BEACHWOOD DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D                      ( ) Delete  
Name: DAVIS, TONI  
Address: 3541 MARINER DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D                      ( ) Delete  
Name: PIERCE, AUDREY  
Address: 5732 HARVEY STREET  
City-St-Zip: CALLAWAY, FL 32404

**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: BRANDON GREVE

D

09/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date