

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000040523

1. Entity Name
GRELELA MANAGEMENT COMPANY



Principal Place of Business
**2000 E. EDGEWOOD DR.
SUITE 102
LAKELAND, FL 33803**

Mailing Address
**2000 E. EDGEWOOD DR.
SUITE 102
LAKELAND, FL 33803**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3640468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEAR, CHRISTOPHER M
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000834838
02/29/08-80008-004 288.75**

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	FANCELLI, JULIA J
STREET ADDRESS	1355 JEFFERSON DR.
CITY- ST- ZIP	LAKELAND, FL 33803
TITLE	AS
NAME	WHEELER, SHARON
STREET ADDRESS	2000 E. EDGEWOOD DR., SUITE 102
CITY- ST- ZIP	LAKELAND, FL 33803
TITLE	V
NAME	FANCELLI, GREGORY
STREET ADDRESS	1355 JEFFERSON DR.
CITY- ST- ZIP	LAKELAND, FL 33813
TITLE	V
NAME	CRAFT, BRENDA
STREET ADDRESS	215 IMPERIAL BLVD, SUITE C-3
CITY- ST- ZIP	LAKELAND, FL 33803
TITLE	T
NAME	FANCELLI, LESLIE
STREET ADDRESS	1355 JEFERSON DR.
CITY- ST- ZIP	LAKELAND, FL 33803
TITLE	P
NAME	RICHARDS, GARY F
STREET ADDRESS	2000 E. EDGEWOOD DR., SUITE 102
CITY- ST- ZIP	LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/08