


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000087863</b> 1. Entity Name <b>GREYSTONE ACQUISITION CORP.</b>					
Principal Place of Business <b>4500 PGA BLVD. SUITE 303A PALM BEACH GARDENS FL 33418</b>			Mailing Address <b>4500 PGA BLVD. SUITE 303A PALM BEACH GARDENS FL 33418</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DE SANCTIS, PETER V CPA HIXSON, MARIN, DESANCTIS COMPANY P.A. 3801 PGA BLVD, SUITE 806 PALM BEACH GARDENS FL 33410</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD		TITLE		
NAME	PAUL, JOSEPH A		NAME		
STREET ADDRESS	18849 SE WINDWARD ISLAND LANE		STREET ADDRESS		
CITY- ST- ZIP	JUPITER FL 33458		CITY- ST- ZIP		
TITLE	VD		TITLE		
NAME	EICHELBERGER, ROBERT P		NAME		
STREET ADDRESS	7500 HUGH DANIEL DRIVE STE 150		STREET ADDRESS		
CITY- ST- ZIP	HOOVER AL 35242		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another filing empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/05

561-799-9122

Date

Daytime Phone #