## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P01000001592 04-30-2007 90865 044 \*\*\*158.75 GREYSTONE CONSTRUCTION CORP. Principal Place of Business Mailing Address 9207 LAZY LANE, BUILDING A 9207 LAZY LANE, BUILDING A 60046131 TAMPA, FL 33614-1513 TAMPA, FL 33614-1513 2. Principal Place of Business - No P.O. Box # 10904 BENTTREE PL 3. Mailing Address 0904 BENTTREE Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For FL TAMPR AMPA 59-3741194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORREIA, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 10904 BENTTREE PL TAMPA, FL 33618 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete MILE ☐ Change Addition NAME CORREIA, STEPHEN R NAME 10904 BENTREE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-ZIP TITLE VS ☐ Delete TELLE ☐ Chance Addition CORREIA, CATHY NAME NAME STREET ADDRESS 10904 BENTTREE PL STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not quality 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

FILED