

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90058 010 \*\*\*150.00

**DOCUMENT # P01000072467**

**1. Entity Name**  
**GREYSTONE CONSULTING, INC.**



**Principal Place of Business**  
3912 S NINE DR  
VALRICO, FL 33594

**Mailing Address**  
3912 S NINE DR  
VALRICO, FL 33594

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-3735756

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CARAPELLA, VICKIE L  
3912 S NINE DR  
VALRICO, FL 33594

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** CARAPELLA, VICKIE L  
**STREET ADDRESS** 3912 S NINE DR  
**CITY-ST-ZIP** VALRICO, FL 33594

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**12. I hereby certify that the information supplied with this filing does not qualify 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 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, 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 #**

2/12/04 83571 1003