

2004 FOR PROFIT CORPORATION ANNUAL REPORT


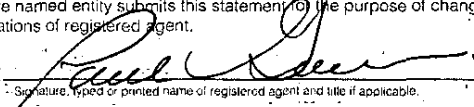
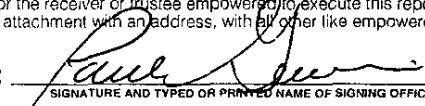
FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90017 007 ***150.00

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03112004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000020091					
1. Entity Name PAUL J. GRENIER REALTY, INC.					
Principal Place of Business 432 STILL FOREST TERR SANFORD, FL 32771			Mailing Address 432 STILL FOREST TERR SANFORD, FL 32771		
2. Principal Place of Business 6350 WHISPERING LN		3. Mailing Address 6350 WHISPERING LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TITUSVILLE FLORIDA		City & State TITUSVILLE FLORIDA		4. FEI Number 02-0558107	
Zip 32780		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRENIER, PAUL 432 STILL FOREST TERR SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6350 WHISPERING LANE City TITUSVILLE FL Zip Code 32780		
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:  DATE: 3/11/04 (NOTE: Registered Agent signature, required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRENIER, PAUL 432 STILL FOREST TERR SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6350 WHISPERING LANE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 3/11/04 Daytime Phone #: 407-461-3700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					