## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI					~		-		
DOCUMENT # P02000020091						03-16-2004	90017 00	7 ***150	0.00
1. Entity Nam PAUL J. C	e GRENIER REALTY, INC.								
Principal Place	e of Business	Mailing Address				4.40	4 20 0 4		
432 STILL FO		432 STILL FOREST TERR				440	17994		
SANFORD, FL		SANFORD, FL 32771		)					
			•			TANKA (1311 BANK) BANK B			
6350	lace of Business WHISBZ=RING LN	3. Mailing Address 6350 WH15	PERING	LN					
Suite, Apt.	#, glC.	Suite, Apt. #, etc.			03112004	Chg-P	CR2E0	34 (10/03)	
City & State アナてひらレ	ille FLORIDA	City & State TITUS VILLE	Floris	A	4. FEI Numbe 02-0558			<u> </u>	plied For t Applicable
3278	FO Country	32780	Country		5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Required	
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New	Registered A	gent	-
CDENIED	DATE	Name							
GRENIER, 432 STILL	Street Address (P.O. Box Number is Not Acceptable)								
SANFORD, FL 32771									
			633	50 0	UHISPER	PING CA	ANE_	1 = -	
			City T	ITUS	VILLE		FL	Zip Code	80
	named entity submits this statement of ions of registered agent.	the purpose of changing its re	egistered office or	r register	ed agent, or bot	n, in the State of F	Florida. I am f	amiliar with,	and accept
;		h	٠.				2/11	Gil	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ure, required	when reinstating)		DATE	07	• •
	<u> </u>						T-30V		
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib	~ ~		00 May Be ed to Fees				
11. 5	OFFICERS AND		T 41		ADDITIONS (	DUANCES TO OF	CIGERS AND	PIDECTOR	5.00.44
TIFLE	D OFFICERS AND	Delete	11.		ADDITIONS/	CHANGES TO OF	TICERS AND	Change	Addition
NAME	GRENIER, PAUL	and Dolly C	NAME					A similar	
STREET ADDRESS	432 STILL FOREST TERR		STREET ADDRESS	635	O WHISA	ERING Z	ANE	7 GA	
CITY-ST-ZIP	SANFORD, FL 32771	——————————————————————————————————————	CITY-ST-ZIP -	71	TUSUILL	E FL	ع د		- Austrian
' TITLE . NAME		☐ Delete	TITLE NAME					☐ Change	Addition
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SITY-SI-ZIP	-		CITY-ST-ZIP		·		···		
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NAME			NAME						
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NAME	* a. a	□ Oerete	NAME					☐ Criange	☐ Audition
STREET ADDRESS	•		STREET ADDRESS						
CITY-ST-ZIP		*	CITY-ST-ZIP						<u> </u>
TITLE"		☐ Delete	TITLE					☐ Change	Addition
NAME #4" STREET ADDRESS	Little Andrews		NAME STREET ADDRESS		•				
CITY-ST-ZIP			CITY-ST-ZIP						
12 I bereby	certify that the information symplied with	this filing does not qualify for t	he examption eta	ted in Sa	otion 119 07(3)(i	\ Elevida Statutor	1 further cort	ify that the in	formation

12. I hereby certify that the information supplied with this filling 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 mustee 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

3/11/04

407-461-3700