



FILED  
Mar 26, 2004 8:00 am  
Secretary of State

03-26-2004 90034 047 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P02000025456</b>			
1. Entity Name ROGER A. AND GAYLA H. GREENWALD, INC.			
Principal Place of Business 280 CAMERON RIDGE DRIVE ATLANTA, GA 30328		Mailing Address 280 CAMERON RIDGE DRIVE ATLANTA, GA 30328	
2. Principal Place of Business 246 Semoran Blvd		3. Mailing Address 246 Semoran Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State Casselberry, FL	
Zip 32707		Zip 32707	
Country U.S.A.		Country U.S.A.	
4. FEI Number 02-0581973		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
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 GREENWALD, ROGER A 280 CAMERON RIDGE DRIVE ATLANTA, GA 30328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Greenwald, Roger A 246 Semoran Blvd. Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GREENWALD, GAYLA H 280 CAMERON RIDGE DRIVE ATLANTA, GA 30328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Greenwald, Gayla H 246 Semoran Blvd. Casselberry, FL 32707 <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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: 		2-21-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	