## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** Feb 22, 2007 08:00 AM **Secretary of State DOCUMENT # P02000053290** 1. Entity Name GREER HOLDINGS, INC. Principal Place of Business Mailing Address 848 EXECUTIVE DRIVE **848 EXECUTIVE DRIVE** OVIEDO, FL 32765-4613 OVIEDO, FL 32765-4613 CR2E034 (11/05) No Chg-P 02192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1414952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREER, JAMES A DO NOT WRITE 848 EXECUTIVE DR OVIEDO, FL 32765 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (8 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GREER, JAMES STREET ADDRESS 848 EXECUTIVE DRIVE, SUITE 100 CITY-ST-ZIP OVIEDO, FL 32765 U00000643768 03/02/07-80014-024 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 in powered 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 addless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TO ED OR PRINTED NAME OF BIGNING OFFICER OR DISECTOR

2/19/27

407-704-0035

FILED