## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE: .

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # P02000053290 1. Entity Name GREER HOLDINGS, INC. Mailing Address Principal Place of Business 848 EXECUTIVE DRIVE 848 EXECUTIVE DRIVE OVIEDO, FL 32765-4613 OVIEDO, FL 32765-4613 No Chg-P CR2E034 (11/05) 04292008 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 familiar with, and accept the obligations of registered agent. SIGNATURE. DATE 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 IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000938202 05/27/08-80081-009 150.00 GREER, JAMES NAME STREET ADDRESS 848 EXECUTIVE DRIVE, SUITE 100 CITY-ST-ZIP OVIEDO, FL 32765 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 a other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #