

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085892

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: J. GREIFZU PLASTERING, INCORPORATED

**Current Principal Place of Business:**

607 HAMLIN ST  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

607 HAMLIN ST  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 11-3650797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREIFZU, JOEL  
607 HAMLIN ST  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GREIFZU, JOEL  
Address: 607 HAMLIN ST  
City-St-Zip: NOKOMIS, FL 34275

Title: T ( ) Delete  
Name: MASON, THOMAS LEE  
Address: 138 PATTERSON AVE.  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WALKER, LEAH  
Address: 607 HAMLIN ST  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL GREIFZU

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date