

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90179 048 ***150.00

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1. Entity Name
GREATER COMMERCIAL, INC.



Principal Place of Business
**1105 KENSINGTON PARK DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**1105 KENSINGTON PARK DRIVE
ALTAMONTE SPRINGS, FL 32714**



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1982537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOWNDES, JOHN F
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MANDELL, ROBERT A
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME GREGG, CHARLES W
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME CONLEY, HAMPTON P
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME SNYDER, SIMON D
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME GALLAGHER, STEPHEN M
STREET ADDRESS 1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 4078690300
Date Daytime Phone #