


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000131213 1. Entity Name GRECOSCA CORP.	
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Principal Place of Business 4859 E. IRLO BRONSON MEMORIAL HWY. ST. CLOUD, FL 34771	Mailing Address 4859 E. IRLO BRONSON MEMORIAL HWY. ST. CLOUD, FL 34771
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05012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1993822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALTER, MEHRER 2191 LAKE DEBRA DR. 315 ORLANDO, FL 32835
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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 _____ (NOTE: Registered Agent Signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHRER, WALTER 5028 MILLENIA BLVD. #105 ORLANDO, FL 32839
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<p>U00000362682 05/05/05-80130-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date _____ Daytime Phone # _____