## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # P03000009173** 1. Entity Name GREGOR & SON'S, INC. Principal Place of Business Mailing Address 4942 WINDWARD WAY 4942 WINDWARD WAY FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 03262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE \$8.75 Additional 5. Certificate of Status Desired Fea Required 6. Name and Address of Current Registered Agent DO NOT WRITE GREGOR, JOHN 4942 WINDWARD WAY FORT LAUDERDALE, FL 33312 IN THIS SPACE 5. 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 (NOTE: Registered Agent signature required when remstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GREGOR, JOHN NAME

U00000487598 04/14/06-80001-012 150.00

**FILED** 

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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 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:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4942 WINDWARD WAY

FORT LAUDERDALE, FL 33312

SIGNATURE AND TYPED OR PRINTED HAME QUESTIONING OFFICER OR DIRECTOR