


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000009173 1. Entity Name GREGOR & SON'S, INC.	
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Principal Place of Business 4942 WINDWARD WAY FORT LAUDERDALE, FL 33312	Mailing Address 4942 WINDWARD WAY FORT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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

**GREGOR, JOHN
4942 WINDWARD WAY
FORT LAUDERDALE, FL 33312**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000889635 04/09/08-80059-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGOR, JOHN 4942 WINDWARD WAY FORT LAUDERDALE, FL 33312
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IN THIS SPACE**

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: *John Gregor* **03-22-08** **(954) 309-9041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #