
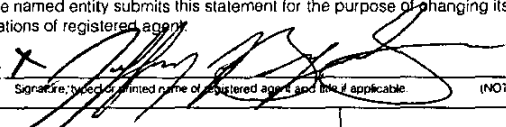
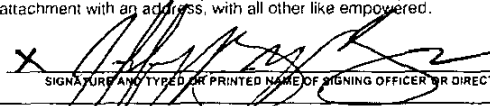


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90005 045 \*\*\*150.00

<b>DOCUMENT # P03000041140</b> 1. Entity Name <b>GREER PROPERTY MANAGEMENT, INC.</b>					
Principal Place of Business <b>7487 OAK TREE LANE SPRING HILL, FL 34607</b>			Mailing Address <b>7487 OAK TREE LANE SPRING HILL, FL 34607</b>		
2. Principal Place of Business - No P.O. Box # <b>11160 S TROPICAL TRL</b>		3. Mailing Address <b>11160 S TROPICAL TRL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MERRITT ISLAND FL</b>		City & State <b>MERRITT ISLAND FL</b>		4. FEI Number <b>56-2343951</b>	
Zip <b>32952</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREER, JEFFREY B 7487 OAK TREE LANE SPRING HILL, FL 34607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>11160 S TROPICAL TRL</b>  City <b>MERRITT ISLAND FL</b> Zip Code <b>32952</b>	
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:  DATE: <b>2/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GREER, JEFFREY B 7487 OAK TREE LANE SPRING HILL, FL 34607	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>JEFFREY GREER</b> Date: <b>2/27/07</b> Daytime Phone: #					

40039630



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