2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State
04-30-2007 90415 004 ***150.00

DOCUMENT # P03000062265

1. Entity Name
GREYSTONE MANAGEMENT COMPANY OF CENTRAL FLORIDA INC

Principal Place of Business	Mailing Address
1950 LEE ROAD SUITE 212 WINTER PARK, FL 32789	1950 LEE ROAD SUITE 212 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Greystone Mgm't Co.	Greystone Mgm't Co.
Suite/Apt. #, etc.: 1936 Lee Rd. Ste 250	Suite/Apt. #, etc.: 1936 Lee Rd. Ste 250
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

02082007 Chg-P CR2E034 (12/06)

4. FEI Number: 87-0699224 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, JANICE
1950 LEE ROAD
SUITE 212
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: Janice C. Armstrong
Street Address (P.O. Box Number is Not Acceptable): 1936 Lee Road, Suite 250
City: Winter Park FL Zip Code: 32789

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: Janice C Armstrong DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARMSTRONG, JANICE 821 DARTMOUTH ST ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Armstrong, Janice 423 Poplar Court Maitland, FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TLE / ME / EET ADDRESS / Y-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TE / NE / STET ADDRESS / CIST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Janice C Armstrong Janice C Armstrong 5/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #