


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 025 ***158.75

DOCUMENT # P03000134121					
1. Entity Name GREYBROOKE CONSULTING, INC.					
Principal Place of Business 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 US			Mailing Address 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BATEMAN, JAMES E 37 NORTH ORANGE AVENUE SUITE 500 ORLANDO, FL 32801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BATEMAN, JAMES E 37 NORTH ORANGE AVE #500 37 North Orange Ave Suite 500 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37 North Orange Avenue, Suite 500 Orlando, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>James E. Bateman</u>			2/14/06 (407) 926-4141 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

GRAY | ROBINSON
ATTORNEYS AT LAW

ATTACHMENT

40015356

Stephanie L. Cross
Paralegal

407-418-6541

SCROSS@GRAY-ROBINSON.COM

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gray-robinson.com

CLERMONT
JACKSONVILLE
KEY WEST
LAKELAND
MELBOURNE
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

February 14, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Greybrooke Consulting, Inc.; Document #P03000134121
2006 For Profit Corporation Annual Report

Dear Clerk:

Please accept for filing the enclosed, fully executed, 2006 for Profit Corporation Annual for the above-referenced corporation. Also enclosed is our client's check in the amount of \$158.75 to cover the cost of filing the annual report and the cost of a Certificate of Status.

Please let us know if there is anything further you require to complete this filing.

Best regards,


Stephanie L. Cross, CP
Certified Paralegal

/slc

Enclosures

cc: W. Michael Clifford, Esq.