



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 011 ***150.00

DOCUMENT # P04000154742 1. Entity Name MARCI GREER, INC.					
Principal Place of Business 14151 GEORGIAN CIRCLE APT. 111 FORT MYERS, FL 33912			Mailing Address 14151 GEORGIAN CIRCLE APT. 111 FORT MYERS, FL 33912		
2. Principal Place of Business 2230 DEL MAR COURT		3. Mailing Address 2230 DEL MAR CT			
Suite, Apt. #, etc. Apt # 516		Suite, Apt. #, etc. Apt # 516			
City & State Naples, FL		City & State Naples, FL			
Zip 34119	Country USA	Zip 34119	Country USA		
4. FEI Number 42-1651155				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 GREER, MARCILENE 14151 GEORGIAN CIRCLE APT. 111 FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name GREER, MARCILENE Street Address (P.O. Box Number is Not Acceptable) 2230 DEL MAR COURT Apt. 516 City Naples FL Zip Code 34119		
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 <u><i>Marci Greer</i></u> DATE 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D GREER, MARCILENE 14151 GEORGIAN CIRCLE APT. 111 FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2230 DEL MAR COURT Apt. 516 Naples, FL 34119			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 exemption stated in Section 119.07(3)(l), 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><i>Marci Greer</i></u>		4-25-05		239-594-7818	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	