

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 050 ***150.00

DOCUMENT # P04000165027

1. Entity Name
GREATER PROPERTIES, INC.



Principal Place of Business
**1033 STATE RD 436
STE 121
CASSELBERRY, FL 32707**

Mailing Address
**1033 STATE RD 436
STE 121
CASSELBERRY, FL 32707**

60008175



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1978212

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOWNDES, JOHN F
215 N EOLA DR
ORLANDO, FL 32801**

**ENTERED
JAN 23 2007**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELL, ROBERT A 1033 STATE RD 436, STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLEY, HAMPTON P 1033 STATE RD 436, STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGG, CHARLES W 1033 STATE RD 436, STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, SIMON D 1033 STATE RD 436, STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, STEPHEN M 1033 STATE RD 436, STE 121 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

407-331-8290