2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 09, 2008 8:00 am Secretary of State DOCUMENT # P05000087917 1. Entity Name 05-09-2008 90009 027 ***150.00 C.J. GREYSEN, INC. Principal Place of Business Mailing Address 12767 154TH RD N 12767 154TH RD N JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12950 156TH ST. N. 12950 156TH ST N Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 75-3199828 JUPITER JUPITER Not Applicable Ζıp Ζip Country \$8.75 Additional 5. Certificate of Status Desired 33<u>478</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALCOHOL: Name GREYSEN; GHRIST@PHER T Street Address (P.O. Box Number is Not Acceptable) 12767 154TH RD N 12950 156TH ST. N JUPITER FL 33478 JUPITER 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, typed or preced name of registered agent and title Tappicasio, /NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME GREYSEN, CHRISTOPHER J NAME STREET ADDRESS 12767 154TH RD N STREET ADDRESS 12950 156TH ST. N. CITY-ST-7IP JUPITER FL 33478 CITY-ST-ZIP JUPITER FL. 33478 TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE ☐ Change ☐ Delete TIME Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED

Пнуклю Ракове #