

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P92000012252

1. Entity Name  
GREINER'S INTERIORS, INC.



**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2820 N FLORIDA AVE  
HERNANDO, FL 34442 US

Mailing Address  
2820 N FLORIDA AVE  
HERNANDO, FL 34442 US



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0386234  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREINER, JEFFREY M  
2820 N FLORIDA AVE  
HERNANDO, FL 34442

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GREINER, JEFFREY  
STREET ADDRESS 131 S EDINBURGH DR  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE D  
NAME GREINER, BARBARA  
STREET ADDRESS 131 S EDINBURGH DR  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

*Jeffrey M. Greiner* *JEFFREY M. GREINER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.05

Date

352-766-8092

Deputy Phone #