

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90021 011 ***150.00

DOCUMENT # P92000012252

1. Entity Name
GREINER'S INTERIORS, INC.



Principal Place of Business

**2820 N FLORIDA AVE
HERNANDO, FL 34442 US**

Mailing Address

**2820 N FLORIDA AVE
HERNANDO, FL 34442 US**

2. Principal Place of Business

**4655 N. CARL G. ROSE HWY
Suite, Apt. #, etc.**

3. Mailing Address

**4655 N. CARL G. ROSE HWY
Suite, Apt. #, etc.**



03072006 Chg-P CR2E034 (11/05)

City & State

HERNANDO, FL

Zip

34442

Country

USA

City & State

HERNANDO, FL

Zip

34442

Country

USA

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**

7. Name and Address of New Registered Agent

Name

GREINER, JEFFREY M

Street Address (P.O. Box Number is Not Acceptable)

4655 N. CARL G. ROSE HWY

City

HERNANDO

FL

Zip Code

34442

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

Jeffrey M. Greiner

JEFFREY M. GREINER

3.27.06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

3.27.06

Date

352.726.8092

Daytime Phone #