

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90070 046 ***150.00

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1. Entity Name
THOMAS E. GREEF, PA.



Principal Place of Business

11200-142ND ST N
LARGO, FL 33774

Mailing Address

11200-142ND ST N
LARGO, FL 33774

24002505



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3222224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WATERS, RON
1300 88TH AVE N
SAINT PETERSBURG, FL 33702

**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, 2004 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
VP
MCDONALD, JOT S
445 SUMMIT RD
WATSONVILLE, CA 95076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
GREEF, THOMAS
11200-142ND ST N
LARGO, FL 33774

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCDONALD, MARY
445 SUMMIT RD
WATSONVILLE, CA 95076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GREEF, ROBIN G
8371 PASSFIELD TURN
MAPLE GROVE, MN-55311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DANIEL GREEF
6090 Annapolis Ln
Plymouth, Mn 55446

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: Thomas E. Greef Thomas E. GREEF 1-10-04 (217) 595-3599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #