

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90006 021 ***150.00

DOCUMENT # P94000008507

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

2. Principal Place of Business

as ABOVE

3. Mailing Address

as ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo

4. FEI Number

59-322224

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME MCDONALD, JOT S
STREET ADDRESS 445 SUMMIT RD
CITY-ST-ZIP WATSONVILLE CA 95076 ☐ Delete

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

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

TITLE S
NAME GREEF, ROBIN G
STREET ADDRESS 6090 ANNAPOLIS LANE
CITY-ST-ZIP MINNEAPOLIS MN 55446 ☐ Delete

TITLE VP
NAME GREEF, DANIEL
STREET ADDRESS 6090 ANNAPOLIS LN
CITY-ST-ZIP MINNEAPOLIS MN 55446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CEC

Date

Daytime Phone #

1/20/05 (727) 595 3599