## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000022215

City-St-Zip: PALM HARBOR, FL 34685

Entity Name: GREYSTOKE CONSULTING, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4625 EAS <sup>-</sup> SUITE 224	T BAY DRIVE				
	ATER, FL 3376	64 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4625 EAS <sup>-</sup> SUITE 224	T BAY DRIVE				
	ATER, FL 3376	64 US			
FEI Number	: 59-3233594	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and A				Address of New Registered Agent:	
4203 PRE PALM HAP The above	CHERVITZ SERVE PLACE RBOR, FL 346  named entity set of Florida.	85 US	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI		is Signature of Degistered /	Naont	 Date	
Election Car		ic Signature of Registered A  Trust Fund Contribution ( ).	-geni	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () ELLIOTT, DOUG 6350 92ND PL PINELLAS PAR	N. #2201	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	ST () CHERVITZ, NO 4203 PRESER		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS WM. ELLIOTT PSD 03/02/2009