

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90387 013 ***158.75

1012434



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3402871** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P96000064315

1. Entity Name
GREASED LIGHTNING INTERNATIONAL, INC.



Principal Place of Business
**PARK PLACE CIR 6260 39TH ST. N.
PINELLAS PARK, FL 33781**

Mailing Address
**PARK PLACE CIR 6260 39TH ST. N.
PINELLAS PARK, FL 33781**

2. Principal Place of Business
9800 4TH STREET N.

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 310

Suite, Apt. #, etc.
AS

City & State
ST Petersburg FL

City & State
2

Zip
33702

Country
USA

Zip
33702

Country
USA

6. Name and Address of Current Registered Agent

**HOCK, RONALD G
101 E KENNEDY BLVD, SUITE 4400
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
SAME AGENT

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

NEW SUITE # 2800

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**

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
**PDCE
PARKER, DAVID C
108 CORPORATE PARK DR STE 104
WEST HARRISON, NY 10604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BERGSCHNEIDER, MARC C
108 CORPORATE PARK DRSTE 104
WEST HARRISON, NY 10604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOFFMAN, DOUGLAS
108 CORPORATE PARK DR STE 108
WEST HARRISON, NY 10604** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
**9800 4TH STREET N. SUITE 310
ST Petersburg FL 33702** ☒ Change ☐ Addition

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

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

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

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

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. PARKER

4-27-05 727-687-6867

Date

Daytime Phone #