

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90194 001 ***150.00

DOCUMENT # P96000099603 1. Entity Name GREATER LIMITS, INC.			
Principal Place of Business 304 GRANADA DR. WINTER PARK, FL 32789 US		Mailing Address 304 GRANADA DR. WINTER PARK, FL 32789 US	
2. Principal Place of Business 501 N. ORLANDO AV Suite, Apt. #, etc. SUITE 313 PMB 222		3. Mailing Address 501 N. ORLANDO AV Suite, Apt. #, etc. SUITE 313 PMB 222	
City & State WINTER PARK, FL Zip 32789		City & State WINTER PARK, FL Zip 32789	
Country US		Country US	
4. FEI Number 59-3427804		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAVES, DONNA L 120 E CONCORD ST ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT GRACIA, DANIEL 304 GRANADA DR. WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT 501 N. ORLANDO AV, STE 313, PMB 222 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACIA, SUSAN 304 GRANADA DR WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS 501 N. ORLANDO AV, STE 313, PMB 222 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Donna L Draves</i> President		4/28/06 407-489-8966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	