

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90016 005 ***150.00

DOCUMENT # P97000091274

1. Entity Name

GREYSTONE DEVELOPMENT OF JACKSONVILLE, INC.



Principal Place of Business
3728 PHILLIPS HWY
#39
JACKSONVILLE FL 32207
US

Mailing Address
3728 PHILLIPS HWY
#39
JACKSONVILLE FL 32207
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

219

219

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3474670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, PHILLIP B JR
3728 PHILLIPS HWY, #39
JACKSONVILLE FL 32207

Name

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

3728 Phillips Hwy, # 219

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
PHILLIPS, PHILLIP B JR
3728 PHILLIPS HWY, STE #39
JACKSONVILLE FL 3207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
3728 phillips Hwy, Ste. # 219

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
BRAVO, CAROL
3728 PHILLIPS HWY, STE #39
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
3728 Phillips Hwy, Ste. # 219

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2007 (904) 396-9960

Date

Daytime Phone #