


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000110870 1. Entity Name GRECO'S MOBILE HOME PARK, INC.	
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Principal Place of Business 1566 ASHFORD OAKS WAY JACKSONVILLE, FL 32250	Mailing Address 1566 ASHFORD OAKS WAY JACKSONVILLE, FL 32250
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DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3616277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**AKEL, EDWARD C
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUNNINGHAM, MARGARET
STREET ADDRESS	1566 ASHFORD OAKS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32250

TITLE	D
NAME	GRECO, JOSEPH W
STREET ADDRESS	1566 ASHFORD OAKS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80084-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE *Margaret A. Cunningham* **MARGARET A. CUNNINGHAM** 1-16-06 904-249-4395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #