


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # S55667</b> 1. Entity Name <b>GREYSTONE HOMES, INC.</b>		
Principal Place of Business <b>5321 27 AVE NO</b> <b>ST. PETERSBURG, FL 33710 US</b>	Mailing Address <b>5321 27 AVE NO</b> <b>ST. PETERSBURG, FL 33710 US</b>	
DO NOT WRITE IN THIS SPACE		
<b>6. Name and Address of Current Registered Agent</b>  <b>WISBY, KAREN K.</b> <b>5321 27 AVE NO</b> <b>ST. PETERSBURG, FL 33710</b>		DO NOT WRITE IN THIS SPACE
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT WISBY, KAREN 5321 27 AVE NO ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WISBY, KAREN 5321 27 AVE NO ST. PETERBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12.</b> 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.		
<b>SIGNATURE:</b> <u>Karen K Wisby President</u> <u>1-23-07</u> <u>8727-939-0339</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>59-3074170</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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02/01/07-80037-016 150.00