


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S58656</b> 1. Entity Name <b>GREYFRIAR CAPITAL CORPORATION</b>	
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Principal Place of Business <b>11260 OLD HARBOUR ROAD N. PALM BCH, FL 33408 US</b>	Mailing Address <b>11260 OLD HARBOUR ROAD N. PALM BCH, FL 33408 US</b>
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02272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0268557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HICKEY, JOSEPH M 11260 OLD HARBOUR RD. N. PALM BCH, FL 33408</b>
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**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, 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	PD HICKEY, JOSEPH M 11260 OLD HARBOUR ROAD NORTH PALM BEACH, FL
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IN THIS SPACE**

UD00000248139

03/02/05-80018-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Joseph M. Hickey **JOSEPH M. HICKEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/05  
Date

561-626-8499  
Daytime Phone #