


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90060 050 ***158.75

DOCUMENT # 153831 1. Entity Name THE GRANGER CORPORATION			
Principal Place of Business 201 BINNACLE CT ELIZABETH CITY, NC 27909 US		Mailing Address 201 BINNACLE CT ELIZABETH CITY, NC 27909 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3000-3 Hartley Road Suite, Apt. #, etc.	
City & State Zip		City & State Jacksonville FL Zip 32257	
Country USA		4. FEI Number 59-0575336	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUISINGA, ROBERT 541 PERMENTO JACKSONVILLE, FL 32236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000-3 Hartley Road City Jacksonville FL Zip Code 32257	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD HOGGARD, GLENN G 201 BINNACLE COURT ELIZABETH CITY, NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOGGARD, WILLIAM ALDEN III 1029 HIGH LAKE COURT RALIEGH, NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGGARD, RILEY G 4172 MADURA FOUR GULF BREEZE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOGGARD, TIMOTHY, G 13880 NW 221 ST. ROAD MICANOPY, FL 326679998	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUISINGA, ROBERT PO BOX 37043 N/A JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Glenn B. Hoggard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>Feb. 6, 2004</u> Daytime Phone # <u>252-335-4865</u>	

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