

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90052 001 ***150.00

DOCUMENT # 472563 1. Entity Name TOM GRIZZARD, INC.					
Principal Place of Business 1300 W. NORTH BLVD LEESBURG, FL 34748 US			Mailing Address 1300 W. NORTH BLVD LEESBURG, FL 34748 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1582911	
Zip		Country		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	
GRIZZARD, THOMAS N 1300 W. NORTH BLVD SUITE 301 LEESBURG, FL 34748				Name Street Address (P.O. Box Number is Not Acceptable) 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, 2004 Fee will be \$550.00		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIZZARD, THOMAS N.		NAME		
STREET ADDRESS	1330 CITIZENS BLVD STE 301		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIZZARD, LINDA K.		NAME		
STREET ADDRESS	1330 CITIZENS BLVD STE 301		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	REEVES, SALLY G.		NAME		
STREET ADDRESS	1300 W. NORTH BLVD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>1-14-04</i> Daytime Phone #: <i>352-787-6966</i>		