


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2005-90042-001-\$250.00-\$250.00 *
 9/9/2005-90042-002-\$300.00-\$300.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 NOV -7 AM 10:19

DOCUMENT # P04000001291			
1. Entity Name GRANGER HOME REPAIR, INC			
Principal Place of Business 388 E BLAIRMORE BLVD ORANGE PK, FL 32073		Mailing Address 388 E BLAIRMORE BLVD ORANGE PK, FL 32073	
3. Principal Place of Business 388 E Blairmore Blvd		2. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange Park Fla		City & State	
Zip 32073	Country Fla	Zip	Country
6. Name and Address of Current Registered Agent GRANGER, VINCENT E 388 E BLAIRMORE BLVD ORANGE PK, FL 32073		7. Name and Address of New Registered Agent Name None 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 <u><i>Vincent Granger</i></u> DATE <u>8/6/05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	P GRANGER, VINCENT E 388 E BLAIRMORE BLVD ORANGE PK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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><i>Vincent Granger</i></u>		DATE: <u>8/6/05</u>	DAYTIME PHONE # <u>9040798</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>



01072005 Chg-P CR2E034 (10/03)

4. FEI Number **30-0232342** Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required