

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039912

Entity Name: GRAD ENTERPRISES INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2134 N.E.45TH AVENUE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2134 N.E. 45TH AVENUE
OCALA, FL 34470

New Mailing Address:

2134 N.E.45TH AVENUE
OCALA, FL 34470 US

FEI Number: 20-4538002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ-FERNANDEZ, GAIL
2134 N.E. 45TH AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TILLIS, RUSSELL
Address: P.O. BOX 1501
City-St-Zip: ANTHONY, FL 32617

Title: V () Delete
Name: MCKINNON, ALICE
Address: 11021 N.E. 41 ST TERRACE
City-St-Zip: ANTHONY, FL 32617

Title: S () Delete
Name: THOMPSON, DIANNA
Address: 3123 N.E. 95TH STREET
City-St-Zip: ANTHONY, FL 32617

Title: T () Delete
Name: CRUZ-FERNANDEZ, GAIL
Address: 2134 N.E. 45TH AVENUE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CRUZ-FERNANDEZ

TRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date