

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90021 049 ***150.00

DOCUMENT # 137404

1. Entity Name

GRACEWOOD, INCORPORATED



Principal Place of Business

1626 90TH AVE.
P.O. BOX 370
VERO BEACH FL 32961-7370

Mailing Address

P.O. BOX 370
VERO BEACH FL 32961



2. Principal Place of Business - No P.O. Box #
21 Royal Palm Pointe

3. Mailing Address

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State

1st MOORE

CR2E034 (10/06)

Zip
32960

Country
U.S.A.

Zip

Country

4. FEI Number 59-0604109

Applied For
Not Applicable

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

LUTHER, JOHN M.
~~1626 90TH AVE.~~ 21 Royal Palm Pointe
VERO BEACH FL 32966 Suite 201
Vero Beach, FL 32960

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 of current registered agent and title - applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
CD
RICHARDSON, DANFORTH K.
1035 ST. JAMES CIR
VERO BEACH FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AS
NEWMAN, PAUL A.
21 Royal Palm Pointe - Suite 201
Vero Beach, FL 32960 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
RICHARDSON, MARJORIE H
1035 ST. JAMES CIR
VERO BEACH FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
KAHLE, SANDRA R.
6020 SW 5th St.
Vero Beach, FL 32968 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
LUTHER, JOHN M.
555 SOUTH A1A
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LUTHER, NANCY R.
555 South A1A
Vero Beach, FL 32963 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
KAHLE, GEORGE A.
6020 SW 5TH ST.
VERO BEACH FL 32968 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
HOPKINS, CARTER W.
21 Royal Palm Pointe - Suite 201
Vero Beach, FL 32960 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ATD
HOPKINS, SUSAN R.
1580 GRACEWOOD LN.
VERO BCH. FL 32963 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ATD
HOPKINS, SUSAN R.
21 Royal Palm Pointe - Suite 201
Vero Beach, FL 32960 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
PEREZ, TOMAS RENE
2019 CORTEZ AVENUE
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tomas Rene Perez - Treasurer

April 16th, 2007

772-567-1151

Date

Daytime Phone #