



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|-----------------------|---|--|--|--|
| DOCUMENT # 143344 1. Entity Name GRANDOFF INVESTMENTS INC | |  | | | |
| Principal Place of Business 412 MADISON ST. SUITE 816 TAMPA, FL 33602 | | Mailing Address 412 MADISON ST. SUITE 816 TAMPA, FL 33602 | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| | | | |  01042008 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-0532861 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DE VOE, DEBORAH K 412 MADISON ST SUITE 816 TAMPA, FL 33602 | | | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | | | DO NOT WRITE IN THIS SPACE U000000492055 04/19/06-80050-013 150.00 | |
| TITLE | OPT | | | | |
| NAME | HICKEY, BETTY J | | | | |
| STREET ADDRESS | 412 MADISON ST # 816 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33602 | | | | |
| TITLE | VS | | | | |
| NAME | DEVUE, DEBORAH | | | | |
| STREET ADDRESS | 412 MADISON ST | | | | |
| CITY-ST-ZIP | TAMPA, FL | | | | |
| TITLE | D | | | | |
| NAME | RUNEY, SUZANNE | | | | |
| STREET ADDRESS | 412 MADISON ST | | | | |
| CITY-ST-ZIP | TAMPA, FL 33602 | | | | |
| TITLE | D | | | | |
| NAME | DURKEE, DIANE | | | | |
| STREET ADDRESS | 412 MADISON ST # 816 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33602 | | | | |
| TITLE | D | | | | |
| NAME | HICKEY, JOAN | | | | |
| STREET ADDRESS | 412 MADISON ST # 816 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33602 | | | | |
| TITLE | D | | | | |
| NAME | IMEL, PATRICIA | | | | |
| STREET ADDRESS | 412 MADISON ST, # 816 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33602 | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Deborah K. DeVoe</u> Deborah K. DeVoe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date <u>4/4/06</u> 813 Cityline Phone # <u>209-0874</u> | | | | | |