2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# 153830

Entity Name: GRANGER HOLDINGS, INCORPORATED

Current Principal Place of Business:

1180 SOUTH LANE AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

3241 DOCTORS LAKE DRIVE
ORANGE PARK, FL 32073

Current Mailing Address:

1180 SOUTH LANE AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

3241 DOCTORS LAKE DRIVE
ORANGE PARK, FL 32073

FEI Number: 59-0582671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 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: CD ( ) Delete
Name: GRANGER, SAMUEL C MR.
Address: 1180 SO. LANE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TVD ( ) Delete
Name: GRANGER, HUGH J MR.
Address: 1180 LANE AVE SO
City-St-Zip: JACKSONVILLE, FL 32205

Title: P (X) Delete
Name: ROGERS, RANDALL L MR.
Address: 1180 LANE AVE SO
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Delete
Name: MITOLA, DAN MR.
Address: 1180 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Delete
Name: MULLINS, CRAIG MR.
Address: 1180 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: SVP (X) Delete
Name: BURROWS, DENNIS A MR.
Address: 1180 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRANGER, SAMUEL C MR.
Address: 3241 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: ST (X) Change ( ) Addition
Name: GRANGER, HUGH J MR.
Address: 3241 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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: SAMUEL C. GRANGER PD 03/19/2008

Electronic Signature of Signing Officer or Director — Date