


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 239719**  
 1. Entity Name  
**GRACE & COMPANY, INCORPORATED**



Principal Place of Business      Mailing Address  
**ELROY C. GRACE**                      **ELROY C. GRACE**  
**865 S LANE AVE**                      **865 S LANE AVE**  
**JACKSONVILLE, FL 32205**      **JACKSONVILLE, FL 32205**

**DO NOT WRITE IN THIS SPACE**



01082005      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>59-0906107</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**GRACE, ELROY C**  
**4737 EXETER LANE**  
**JACKSONVILLE, FL 32210**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

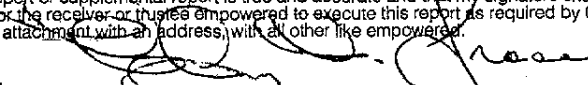
9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, ELROY C 4737 EXETER LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, WALTER E 4637 LANCELOT LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, FORBES D 1544 DELAWARE AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACE, ROBERT B 7719 DEERWOOD POINT CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, ANNE G 4816 AVON LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000177674  
 01/11/05-80056-021 150.00

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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)(i), 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  
**Elroy C. Grace, President**      Date **1/08/2005**      Daytime Phone # **(904) 781-0970**