


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90025 037 \*\*\*150.00

DOCUMENT # 239719			
1. Entity Name GRACE & COMPANY, INCORPORATED			
Principal Place of Business ELROY C. GRACE 865 S LANE AVE JACKSONVILLE, FL 32205		Mailing Address ELROY C. GRACE 865 S LANE AVE JACKSONVILLE, FL 32205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
0720206		Chg-P CR2E034 (11/05)	
4. FEI Number 59-0906107		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		7. Name and Address of New Registered Agent	
GRACE, ELROY C 4737 EXETER LANE JACKSONVILLE, FL 32210		Name Anne G. Lee	
		Street Address (P.O. Box Number is Not Acceptable)	
		4816 Avon Lane	
		City Jacksonville	
		FL Zip Code 32210	
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: <u>Anne G. Lee</u>		SIGNATURE: <u>Anne G. Lee</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE: <u>7/18/2006</u>		DATE	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, ELROY C 4737 EXETER LANE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Elroy C. Grace 4737 Exeter Lane Jax. Fl 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, WALTER E 4637 LANCELOT LANE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anne G. Lee 4816 Avon Lane Jax. Fl 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, FORBES D 1544 DELAWARE AVENUE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACE, ROBERT B 7719 DEERWOOD POINT CT JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, ANNE G 4816 AVON LANE JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Anne G. Lee</u>		SIGNATURE: <u>Anne G. Lee</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		7/18/2006	
		(904) 781-0970	
		Daytime Phone #	