


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90088 021 \*\*\*150.00

<b>DOCUMENT # 239719</b>	
1. Entity Name <b>GRACE &amp; COMPANY, INCORPORATED</b>	

Principal Place of Business <b>ELROY C. GRACE 865 S LANE AVE JACKSONVILLE, FL 32205</b>	Mailing Address <b>ELROY C. GRACE 865 S LANE AVE JACKSONVILLE, FL 32205</b>
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9012007



07112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**LEE, ANNE G  
4816 AVON 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 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	P LEE, ANNE G 4816 AVON LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Anne G. Lee Anne G. Lee 7/11/2007 (904) 781-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #