2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 250507

Name:

Address:

City-St-Zip:

LINDA G ANDERSON,

3333 N. FEDERAL HIGHWAY, STE 3

BOCA RATON, FL 334316052 US

FILED Mar 12, 2009 Secretary of State

Entity Nan	ne: JOHN A	. GRANT, JR., INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3333 NORTH FEDERAL HWY					
3 BOCA RAT	ON, FL 334	316052 US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	ΓH FEDERA	L HWY			
3 BOCA RATON, FL 334316052 US					
FEI Number:	59-0936748	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
GRANT, WALLACE K P 3333 N. FEDERAL HIGHWAY 3			3333 N. FEDERAL	GRANT, WALLACE K 3333 N. FEDERAL HIGHWAY 3	
BOCA RATON, FL 334316052 US			•	BOCA RATON, FL 334316052 US	
The above in the State		submits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: WALLACE K GRANT				03/12/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	W. KEITH GR 3333 N. FEDE) Delete ANT, ERAL HIGHWAY, STE 3 I, FL 334316052 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALTER A CO 3333 N FEDE) Delete ORNNELL, RAL HIGHWAY, STE 3 I, FL 334316052 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: W. KEITH GRANT P 03/12/2009