2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 318282** 1. Entity Name 04-09-2004 90034 006 ***150.00 HAROLD GRANT, INC. Principal Place of Business Mailing Address NORTH PALM BEACH FL 33408 US 11682A US HWY 1 11682A US HWY 1 NORTH PALM BEACH FL 33408 US 2. Principal Place of Business 3. Mailing Address SOME AS ABOVE SAME AS ABOUR Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1195551 Not Applicable Zip Country Zip Country \$8.75 Additional Palm B sacit 5. Certificate of Status Desired PALM BEACH 33708 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, HAROLD 11955 LOST TREE WAY Street Address (P.O. Box Number is Not Acceptable) 11599 LOST TREE WAN NORTH PALM BEACH FL 33408 City Zip Code Fl 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. 2-14-04 DATE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GRANT, ROBERT NAME NAME STREET ADDRESS 10706 SE SEABREEZE CT STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME HAROLD, GRANT NAME STREET ADDRESS 11599 LOST TREE WAY STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAMF: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Date

Daytime Phone #

2004 FOR PROFIT CORPORATION attachment ANNUAL REPORT (AR) **DOCUMENT # 318282** 1. Entity Name $(S^{\pm i})$ HAROLD GRANT, INC. Principal Place of Business Mailing Address 11682A US HWY 1 11682A US HWY 1 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address SOME AS ABOUR ABOUE SPME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State - City & State 4.-FEI Number Applied For 59-1195551 Not Applicable Country Zφ Country Zip \$8.75 Additional 5. Certificate of Status Desired B spen4 PAUM BEACH 33108 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANT, HAROLD 11955 DOST TREE WAY Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 Zip Code City 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 ag 2-14-04 SIGNATURE ! (NOTE: Rogistered Agent signature inquired when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change Addition TITLE TITLE GRANT, ROBERT NAME NAME 10706 SE SEABREEZE CT STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP CITY ST-ZIP Defete TITLE ☐ Change Addition THILE HAROLD, GRANT NAME NAMI STREET ADDRESS STREET ADDRESS 11599 LOST TREE WAY NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Defete TITLE F TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 trusted 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.

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