


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90173 042 ***150.00

DOCUMENT # 396119					
1. Entity Name GRACEWOOD FRUIT CO.					
Principal Place of Business 1626 90TH AVENUE P O BOX 370 VERO BEACH FL 32961-7370			Mailing Address 1626 90TH AVENUE P O BOX 370 VERO BEACH FL 32961-7370		
2. Principal Place of Business		3. Mailing Address P.O. Box 370			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Vero Beach, FL			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1384474	
32961	USA			Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RICHARDSON, DANFORTH K 1626 90TH AVENUE VERO BEACH FL 32966			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box N)		
City			Zip Code		
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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RICHARDSON, DANFORTH K 1035 ST. JAMES CI VERO BEACH FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Richardson, Marjorie H. 1035 St. James CI Vero Beach, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUTHER, JOHN M 555 SOUTH A1A HIGHWAY VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kahle, Sandra R. 6020 S.W. 5th Street Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PEREZ, TOMAS RENE 2019 CORTEZ AVENUE VERO BEACH FL 32960	<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	ATD HOPKINS, SUSAN R. 1580 GRACEWOOD LANE VERO BCH. FL 32963	<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	VPD KAHLE, GEORGE A 6020 SW 5TH STREET VERO BCH. FL 32968	<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	ASD LUTHER, NANCY R 555 SOUTH A1A HIGHWAY VERO BEACH FL 32963	<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 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: <i>John M. Luther</i> PRESIDENT			4/12/2005 772-567-1151-Ext. 333		
JOHN M. LUTHER, President			Date Daytime Phone		