
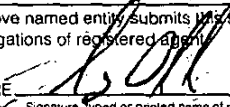
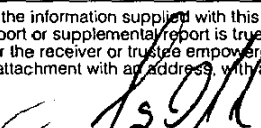


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90027 038 ***150.00

DOCUMENT # 551081 1. Entity Name GRUNDER & PETTEWAY, P.A.					
Principal Place of Business 1025-5A N. MAIN ST. HIGH SPRINGS, FL 32643			Mailing Address 1025-5A N. MAIN ST. HIGH SPRINGS, FL 32643		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 23349 NW CR 236 Suite, Apt. #, etc. SUITE 10			
City & State		City & State HIGH SPRINGS FL		4. FEI Number 59-1785491	
Zip 32643	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRUNDER, GARY D 1025-5A N. MAIN ST. HIGH SPRINGS, FL 32643				7. Name and Address of New Registered Agent Name GRUNDER, GARY D Street Address (P.O. Box Number is Not Acceptable) 23349 NW CR 236 SUITE 10 City HIGH SPRINGS FL Zip Code 32643	
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 				DATE 3/28/05	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNDER, GARY D <input type="checkbox"/> Delete 1025-5A N MAIN STREET HIGH SPRINGS, FL 32643		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23349 NW CR 236 SUITE 10 HIGH SPRINGS, FL 32643	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETTEWAY, KYLE E <input type="checkbox"/> Delete 1025-5A N MAIN STREET HIGH SPRINGS, FL 32643		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 23349 NW CR 236 SUITE 10 HIGH SPRINGS, FL 32643	
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	
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	
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	
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 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: 			DATE 3/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 386-454-1298		