

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90265 016 ***150.00

DOCUMENT # 581852

1. Entity Name
GRANDOFF MORTGAGE INVESTORS, INC.



Principal Place of Business

**412 MADISON STREET
SUITE 816
TAMPA, FL 33602**

Mailing Address

**412 MADISON STREET
SUITE 816
TAMPA, FL 33602**

400000000



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1873342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEVOE, DEBORAH K
412 MADISON ST
SUITE 816
TAMPA, FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT.
NAME	HICKEY, BETTY
STREET ADDRESS	412 MADISON ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	VS
NAME	DEVOE, DEBORAH
STREET ADDRESS	412 MADISON ST
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	D
NAME	RUNEY, SUZANNE
STREET ADDRESS	412 MADISON ST STE 816
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	DURKEE, DIANE
STREET ADDRESS	412 MADISON ST #816
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	HICKEY, JOAN
STREET ADDRESS	412 MADISON ST #816
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	Imel, Patricia
STREET ADDRESS	412 Madison St #816
CITY-ST-ZIP	Tampa FL 33602

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IN THIS SPACE**

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.

Deborah K. DeVoe, Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05

Date

(813) 229-0874

Daytime Phone #