

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1873342	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 -

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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05/08/08-80072-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 (813) 229-0874

Date

Daytime Phone #