

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 618757

1. Entity Name  
M.R. GRATE, CHARTERED



Principal Place of Business

1871 PROFESSIONAL PARK CRCL.  
TALLAHASSEE, FL 32308

Mailing Address

P.O. BOX 13808  
TALLAHASSEE, FL 32317 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 23, 2005 8:00 am  
Secretary of State**

02-28-2005 90240 036 \*\*\*150.00

**66007019**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1903813	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRATE, M R MD  
1871 PROFESSIONAL PK CIR  
TALLAHASSEE, FL 32308

**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. SIGNATURE OF OFFICER

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MD  
GRATE, M R  
1871 PROFESSIONAL PK CIR  
TALLAHASSEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Mar 05

Date

Daytime Phone #