


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 619790
 1. Entity Name
BERNARD F. GRALL, JR., P.A.



| | |
|--|---|
| Principal Place of Business 7555 20TH ST VERO BEACH, FL 32966 US | Mailing Address P O BOX 690218 VERO BEACH, FL 32969-0218 US |
|--|---|

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1902148 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
 GRALL, BERNARD F.
 7555 20TH ST.
 VERO BEACH, FL 32966

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | P GRALL, BERNARD F JR 7575 20TH STREET VERO BEACH, FL 00000. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRALL, MARGARET 7575 20TH STREET VERO BEACH, FL 00000. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FANARO, RONALD S. 7555 20TH STREET VERO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GRALL, ERIN K 7555 20TH ST. VERO BEACH, FL 32966 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/19/05-80027-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-15-05 772-569-0000
 Date Daytime Phone #