


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90148 018 ***150.00

DOCUMENT # 652398	
1. Entity Name PATRICIA S. GRINSTED, P.A.	

Principal Place of Business 25 WALTER MARTIN RD., N.E. SUITE 101 FT WALTON BEACH, FL 32549	Mailing Address PO BOX 2379 FT WALTON BEACH, FL 32549
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2. Principal Place of Business P.O. Box 336	3. Mailing Address P.O. Box 336
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SHALIMAR, FL 32579	City & State SHALIMAR, FL 32579
Zip 32579	Country

40023192



01182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GRINSTED, PATRICIA S 25 WALTER MARTIN RD., NE STE 101 FT WALTON BEACH, FL 32549		7. Name and Address of New Registered Agent Name GRINSTED, PATRICIA S. Street Address (P.O. Box Number is Not Acceptable) 1250 N. EGLIN PARKWAY SUITE A-114 City SHALIMAR FL 32579	
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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 <i>Patricia S. Grinsted</i> Signature, typed or printed name of registered agent and title if applicable.	PATRICIA S. GRINSTED 2-23-2005 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRINSTED, PATRICIA S 156 COUNTRY CLUB RD. SHALIMAR, FL 00000. <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	VT GRINSTED, PATRICIA S 156 COUNTRY CLUB RD. SHALIMAR, FL <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
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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 <i>Patricia S. Grinsted</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PATRICIA S. GRINSTED 2/23/2005 850-651-7449 Date Daytime Phone #