2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 671883

t. Entity Name
GRACE SERVICE CORPORATION



FILED Feb 04, 2004 08:00 AM Secretary of State

Principal Place of Business

DELRAY BEACH, FL 33483

Mailing Address

1045 E ATLANTIC AVE

PO BOX 310

CLARKESVILLE, GA 30523

01302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2108955

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ZIMMERMAN, HARRIETT D 1045 E ATLANTIC AV STE 314 DELRAY BEACH, FL 33483

DC	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familia	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Flegistered	Agent argusture required when reinstating)	DATE	
File Nowi!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution	ing \$5.00 May Be	U00000036292 02/06/04-80052-009	150_00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIMMERMAN, HARRIETT D 1045 E. ATLANTIC AVE 314 DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CRY-ST-ZIP	S ZIMMERMAN, HARRIETT D. 1045 E. ATLANTIC AVE 314 DELRAY BEACH, FL 33483			· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIMMERMAN, HARRIETT D 1045 E ATLANTIC AVE 314 DELRAY BEACH, FL 33483		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN [*]	THIS SPACE	. <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS OTTY-ST-ZP				e de la composição de l	
	motile, think the information arounding with this El	Eng dans 'est suplify for the even	miles ététagi la Panties 110 07/21/	(1) Decide Statutes 1 further contife the	t the information

Increay ceruly that the information supplied with this riling does not quality 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.

SIGNING OFFICER OR DIRECTOR

9 51-208-6005