2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90084 038 ***150.00

DOCUMENT # 671883

1. Entity Name
GRACE SERVICE CORPORATION

Principal Place of Business	Mailing Address
1045 E ATLANTIC AVE 314 DELRAY BEACH, FL 33483 US	PO BOX 310 CLARKESVILLE, GA 30523 US

ok
03/15

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5000 N. Ocean Blvd.	
Suite, Apt. #, etc. L-29	Suite, Apt. #, etc.
City & State Briny Breezes, FL	City & State
Zip 33435 Country USA	Zip Country

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	7. Name and Address of New Registered Agent
ZIMMERMAN, HARRIETT D 1045 E ATLANTIC AV STE 314 DELRAY BEACH, FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) 5000 N. Ocean Blvd., L29 City Briny Breezes FL Zip Code 33435

change address

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 Harriett D. Zimmerman DATE 1/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZIMMERMAN, HARRIETT D 1045 E. ATLANTIC AVE 314 DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Zimmerman, Harriett D 5000 N. Ocean Blvd, L29 Briny Breezes, FL 33435	☑ Change ☐ Addition
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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: Harriett D. Zimmerman 1/8/08 706 754-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #