

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91258 020 ***158.75

DOCUMENT # 697830

1. Entity Name
GRACE PROPERTIES, INC.



Principal Place of Business
**155 SABAL PALM DR
LONGWOOD, FL 32789**

Mailing Address
**155 SABAL PALM DR
LONGWOOD, FL 32789**

34083006



2. Principal Place of Business

1063 Maitland Center Comms

Suite, Apt. #, etc.
Suite 100

City & State
Maitland FL

Zip **32751**

Country

3. Mailing Address

1063 Maitland Center Comms

Suite, Apt. #, etc.
Suite 100

City & State
Maitland FL

Zip **32751**

Country

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2118077

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAJTAR, STEVEN A.
155 SABAL PALM DR
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1063 Maitland Center Commons Suite 100

City **Maitland**

FL

Zip Code

32751

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **GRACE, PHILIP C**
STREET ADDRESS **155 SABAL PALM DR**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **VP** ☐ Delete
NAME **HEATH, TRACY A.**
STREET ADDRESS **155 SABAL PALM DR**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **PS** ☐ Delete
NAME **HOLCOMB, ANDREA G**
STREET ADDRESS **155 SABAL PALM DR**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1063 Maitland Center Commons Suite 100**
CITY-ST-ZIP **Maitland FL 32751**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1063 Maitland Center Commons Suite 100**
CITY-ST-ZIP **Maitland FL 32751**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Andrea Holcomb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
Date

407 786-8820
Daytime Phone #