

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90004 034 \*\*\*150.00

**DOCUMENT # F00000005575**

1. Entity Name  
**OLD GRAND DAD, INC.**



Principal Place of Business

935 W. WASHINGTON ST.  
MONTICELLO, FL 32344

Mailing Address

935 W. WASHINGTON ST.  
MONTICELLO, FL 32344



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3668163**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STOUTAMIRE, REBECCA P  
935 W. WASHINGTON ST.  
MONTICELLO, FL 32344

**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

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, 2006 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  
PCD  
STOUTAMIRE, REBECCA P  
935 W. WASHINGTON ST.  
MONTICELLO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:**

*Rebecca Stoutamire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

850-251-4954

Daytime Phone #



ATTACHMENT

40012110

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2006

OLD GRAND DAD, INC.  
935 W. WASHINGTON ST.  
MONTICELLO, FL 32344

SUBJECT: OLD GRAND DAD, INC.  
Ref. Number: F00000005575

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We have received your document for OLD GRAND DAD, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 706A00007327

Signed!