


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000Q06749</b> 1. Entity Name GRACE BINDINGS, INC.	
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Principal Place of Business 5618 TIMUQUANA RD., STE. 4 JACKSONVILLE, FL 32210	Mailing Address 5618 TIMUQUANA RD., STE. 4 JACKSONVILLE, FL 32210
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01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2090075	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GRACE, ALAN J 5618 TIMUQUANA RD., STE. 4 JACKSONVILLE, FL 32210
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**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, 2005 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	P GRACE, ALAN J 5618 TIMUQUANA RD., STE. 4 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRACE, MAUREEN A 5618 TIMUQUANA RD., STE. 4 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000272617  
03/22/05-80013-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: A. Grace  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 18/05 904 317 0251  
Date Filing Price \$