

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90062 045 ***150.00

DOCUMENT # G73883

1. Entity Name

GRAND ENTRY DESIGN AND CONSTRUCTION, INC.



Principal Place of Business

1425 NE MEYERS TERR
P.O. BOX 1758
JENSEN BEACH FL 34957

Mailing Address

1425 NE MEYERS TERR
P.O. BOX 1758
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #

4000 NE Skyline DR.

Suite, Apt. #, etc.

3. Mailing Address

4000 NE Skyline DR.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jensen Beach, FL.

City & State

Jensen Beach, FL.

4. FEI Number

59-2342491

Applied For

Not Applicable

Zip

34957

Country

MARTIN

Zip

34957

Country

MARTIN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, MICHAEL D.
1425 NE MEYERS TERR
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

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

4000 NE Skyline DR.

City

Jensen Beach

FL

Zip Code

34957

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME FLETCHER, KATHLEEN
STREET ADDRESS 1425 NE MEYERS TERR
CITY-ST-ZIP JENSEN BCH. FL

TITLE P ☐ Delete
NAME FLETCHER, MICHAEL
STREET ADDRESS 1425 NE MEYERS TERR
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 4000 NE Skyline DR.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4000 NE Skyline DR.
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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 exemptions contained in Section 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:

Michael D Fletcher Michael D. Fletcher 2-2-07 772-334-1434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #