

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90221 021 ***150.00

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04242005 Chg-P CR2E034 (10/03)

DOCUMENT # J80584 1. Entity Name GRACO OF WINTER HAVEN, INC.						
Principal Place of Business 2473 GREER RD TALLAHASSEE, FL 32308 US			Mailing Address 2910 KEW CT. TALLAHASSEE, FL 32308-3285 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2473 Greer Rd. Suite, Apt. #, etc.				
City & State _____		City & State Tallahassee FL		4. FEI Number 59-2820582		
Zip 32308		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HORNE, GRACE C 2910 KEW CT. TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 6625 Pisgah Church Rd. City Tallahassee FL Zip Code 32309			
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 _____ (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. <input type="checkbox"/> \$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	PSTD HORNE, GRACE C 2910 KEW CT. TALLAHASSEE, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6625 Pisgah Church Rd. Tallahassee FL- 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORNE, RANDELL S 2910 KEW CT TALLAHASSEE, FL 32308		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6625 Pisgah Church Rd Tallahassee FL- 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE 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: <u>Grace C. Horne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-05 850-385-8197 <small>Date Daytime Phone #</small>			