2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

Sep 20, 2004 8:00 am Secretary of State

8/31 **DOCUMENT # K07984** 1. Entity Name 08-31-2004 90004 014 ***150.00 GRANT ASSOCIATION, INC. Principal Place of Business Mailing Address 14575 NE 21ST STREET SILVER SPRINGS FL 34488 US TALL TIMBER MOBILE HOME PARK SILVER SPRINGS FL 34488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State City & State 4. FEI Number Applied For 59-2861008 Not Applicable Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 11321 É. HWY 314 SILVER SPRINGS FL 34488 City Zip Code 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 FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change Addition GRANT, JOHN R. NAME NAME STREET ADDRESS P.O.BOX 27 N/A STREET ADDRESS SILVER SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODGERS, CONNIE G. NAME NAME STREET ADDRESS P.O. BOX 186 N/A STREET ADDRESS SILVER SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE STD TITLE ☐ Change Delete ☐ Addition NAME GRANT, BRIAN R. NAME STREET ADDRESS STREET ADDRESS PO BOX 2199 CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delate TITLE TATLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

Vica Hes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR