

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L08307 1. Entity Name GRACE NICOLE, INC.	
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Principal Place of Business 4189 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461 US	Mailing Address 4189 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461 US
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2964512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PERRONE, JOSEPHINE  
4189 WEST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERRONE, JOSEPHINE MRS
STREET ADDRESS	4189 WEST GULF TO LAKE HIGHWAY
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	V
NAME	ELLIOTT, GRACE MRS
STREET ADDRESS	4189 WEST GULF TO LAKE HIGHWAY
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	T/S
NAME	ELLIOTT, TROY MR
STREET ADDRESS	4189 WEST GULF TO LAKE HIGHWAY
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	X
NAME	XXXXXX, XXXX
STREET ADDRESS	XXXX
CITY-ST-ZIP	XXXXXX, XX XXXX
TITLE	X
NAME	XXXXXX, XXXX
STREET ADDRESS	XXXX
CITY-ST-ZIP	XXXXXX, XX XXXX
TITLE	X
NAME	XXXXXX, XXXX
STREET ADDRESS	XXXX
CITY-ST-ZIP	XXXXXX, XX 0000

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01/30/04-80016-013 158.75

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: Josephine Perrone Date: 1/29/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #