

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L08307

**FILED**  
**Apr 11, 2005**  
**Secretary of State**

**Entity Name:** GRACE NICOLE, INC.

**Current Principal Place of Business:**

4189 WEST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

4189 WEST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461 US

**New Mailing Address:**

**FEI Number:** 59-2964512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERRONE, JOSEPHINE MRS  
Address: 4189 WEST GULF TO LAKE HIGHWAY  
City-St-Zip: LECANTO, FL 34461 US

Title: V ( ) Delete  
Name: ELLIOTT, GRACE MRS  
Address: 4189 WEST GULF TO LAKE HIGHWAY  
City-St-Zip: LECANTO, FL 34461 US

Title: T/S ( ) Delete  
Name: ELLIOTT, TROY MR  
Address: C4189 WEST GULF TO LAKE HIGHWAY  
City-St-Zip: LECANTO, FL 34461 US

Title: X ( ) Delete  
Name: XXXXXX, XXXX  
Address: XXXX  
City-St-Zip: XXXXXX, XX XXXXX US

Title: X ( ) Delete  
Name: XXXXXX, XXXX  
Address: XXXX  
City-St-Zip: XXXXXX, XX XXXXX US

Title: X ( ) Delete  
Name: XXXXXX, XXXX  
Address: XXXX  
City-St-Zip: XXXXXX, XX 00000 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/S (X) Change ( ) Addition  
Name: ELLIOTT, TROY MR  
Address: 4189 WEST GULF TO LAKE HIGHWAY  
City-St-Zip: LECANTO, FL 34461 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE PERRONE

P

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date