


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L08307
1. Entity Name
GRACE NICOLE, INC.



| | |
|---|---|
| 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 |
|---|---|



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2964512 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 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 _____ (NOTE Registered Agent signature required when reinstating) / DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PERRONE, JOSEPHINE MRS 4189 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | X XXXXXX, XXXX XXXX XXXXXX, XX XXXXX |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | X XXXXXX, XXXX XXXX XXXXXX, XX XXXXX |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | X XXXXXX, XXXX XXXX XXXXXX, XX 00000 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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100000621100
02/12/07-80003-013-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *J Perrone* 1/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #