

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19052

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: GRACEWOOD MARKETING, INC.

## Current Principal Place of Business:

21 ROYAL PALM POINTE  
SUITE #201  
VERO BEACH, FL 32960

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 370  
VERO BEACH, FL 32961

## New Mailing Address:

FEI Number: 65-0146709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUTHER, JOHN M  
555 A1A HIGHWAY  
VERO BEACH, FL 32963 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: TS ( ) Delete  
Name: PEREZ, TOMAS RENE  
Address: 2019 CORTEZ AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete  
Name: KAHLE, SANDRA R  
Address: 6020 SW 5TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: PD ( ) Delete  
Name: LUTHER, JOHN M  
Address: 555 S A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Delete  
Name: KAHLE, GEORGE A  
Address: 6020 SW 5TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete  
Name: HOPKINS, CARTER W  
Address: 21 ROYAL PALM POINTE-SUITE 201  
City-St-Zip: VERO BEACH, FL 32960

Title: ASD ( ) Delete  
Name: LUTHER, NANCY R  
Address: 555 A1A HIGHWAY  
City-St-Zip: VERO BEACH, FL 32963

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ATD (X) Change ( ) Addition  
Name: HOPKINS, SUSAN R  
Address: 220 ESTUARY DRIVE  
City-St-Zip: VERO BEACH, FL 32963

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOMAS RENE PEREZ

TS

03/20/2009

Electronic Signature of Signing Officer or Director

Date