

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 028 ***150.00

DOCUMENT # L52992

1. Entity Name

GRACE PROSTHETIC FABRICATION, INC.



Principal Place of Business

7928 RUTILIO CT
NEW PORT RICHEY FL 34653
US

Mailing Address

7928 RUTILIO CT
NEW PORT RICHEY FL 34653
US



2. Principal Place of Business - No P.O. Box #

7928 Rutilio Ct

3. Mailing Address

7928 Rutilio Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

New Port Richey, FL

City & State

New Port Richey FL

Zip

34653

Country

US

Zip

34653

Country

US

4. FEI Number

59-2991443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACE, GLENA C.
11419 OLIVE BRANCH CT
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

Grace, William E. II

Street Address (P.O. Box Number Not Acceptable)

7000 Hummingbird Lane

City

New Port Richey FL

Zip Code

34655

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRACE, WILLIAM E., II	
STREET ADDRESS	7000 HUMMINGBIRD LANE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GRACE, BILLY E.	
STREET ADDRESS	11419 OLIVE BRANCH COURT	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	GRACE, GLENA C.	
STREET ADDRESS	11419 OLIVE BRANCH COURT	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CULVER, ANTHONY	
STREET ADDRESS	10021 LIVING WORD CT	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace, William E. II	
STREET ADDRESS	7000 Hummingbird Lane	
CITY - ST - ZIP	New Port Richey FL 34655	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Culver, Anthony	
STREET ADDRESS	10021 Living Word Ct	
CITY - ST - ZIP	New Port Richey FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2007 727-842-2265

Date

Daytime Phone #