

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52992

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: GRACE PROSTHETIC FABRICATION, INC.

## Current Principal Place of Business:

7928 RUTILIO CT  
NEW PORT RICHEY, FL 34653 US

## New Principal Place of Business:

## Current Mailing Address:

7928 RUTILIO CT  
NEW PORT RICHEY, FL 34653 US

## New Mailing Address:

FEI Number: 59-2991443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRACE, II, WILLIAM E  
7000 HUMMINGBIRD LANE  
NEW PORT RICHEY, FL 34655 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: GRACE, WILLIAM E., I, I  
Address: 7000 HUMMINGBIRD LANE  
City-St-Zip: NEW PORT RICHEY, FL

Title: VP ( ) Delete  
Name: CULVER, ANTHONY  
Address: 10021 LIVING WORD CT  
City-St-Zip: NEW PORT RICHEY, FL

Title: T ( ) Delete  
Name: GRACE, II, WILLIAM E  
Address: 7000 HUMMINGBIRD LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S ( ) Delete  
Name: CULVER, ANTHONY  
Address: 10021 LIVING WORD CT  
City-St-Zip: NEW PORT RICHEY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRACE, WILLIAM E., I, I  
Address: 7000 HUMMINGBIRD LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP (X) Change ( ) Addition  
Name: CULVER, ANTHONY  
Address: 10021 LIVING WORD CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

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

Title: S (X) Change ( ) Addition  
Name: CULVER, ANTHONY  
Address: 10021 LIVING WORD CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: WILLIAM E GRACE II

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date