
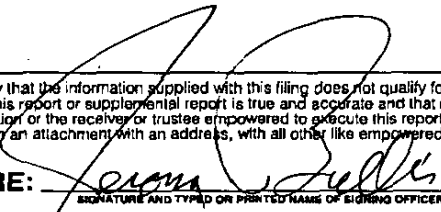


FILED
Mar 22, 2004 8:00 am
Secretary of State

03-02-2004 90047 017 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|--|---|--|
| DOCUMENT # L63791 | |  | |
| 1. Entity Name GRAND PRODUCTS INTERNATIONAL, INC. | | | |
| Principal Place of Business PO BOX 2516 DELAND, FL 32721-2516 US | | Mailing Address PO BOX 2516 DELAND, FL 32721-2516 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | | |
| 6. Name and Address of Current Registered Agent MCMAHON, MARCIA D. 1201 5TH ST. ORANGE CITY, FL 32763 | | 7. Name and Address of New Registered Agent Name MARCIA MCMAHON Street Address (P.O. Box Number is Not Acceptable) 1935 9th. Ave. City Deland FL Zip Code 32724 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BULLIS, JEROME W. 2151 ANCHOR AVENUE DELAND, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JEROME W. BULLIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3126 Turtle Dove Trail Deland, Fl. 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, WILLIAM R. 1108 E UNIVERSITY AVE DELAND, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCMAHON, MARCIA D. 1935 9TH AVE DELAND, FL 32724 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FITZWATER, CARL W 1566 YARMOUTH POINT DR CHESTERFIELD, MO <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | March 18, 04 736-3528 Date Daytime Phone # | |