

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90115 001 \*\*\*150.00

**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

**50029250**



02272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3009019

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MCPAHON, MARCIA D.  
1935 9TH AVE  
DELAND, FL 32724

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME BULLIS, JEROME W.  
STREET ADDRESS 3126 TURTLE DOVE TRAIL  
CITY-ST-ZIP DELAND, FL 32724

TITLE D  
NAME MURPHY, WILLIAM R.  
STREET ADDRESS 1106 E UNIVERSITY AVE  
CITY-ST-ZIP DELAND, FL

TITLE D  
NAME FITZWATER, CARL W  
STREET ADDRESS 1566 YARMOUTH POINT DR  
CITY-ST-ZIP CHESTERFIELD, MO

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jerome W. Bullis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/05 386 736 352P