

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # L84106

1. Entity Name
GRANDMA'S THINGS, INC.



Principal Place of Business
**% ALAN DE VINE
5814 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207**

Mailing Address
**% ALAN DE VINE
5814 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3017868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE VINE, ALAN
5814 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000082160
03/03/04-80018-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
DEVINE, ALAN
2157 HUNTS FORD RD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEAR, MARCELLE
2157 HUNTSFORD RD.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: **Alan Devine ALAN DEVINE PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-04 904-739-2075

Daytime Phone #