

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010821

FILED  
Apr 11, 2012  
Secretary of State

Entity Name: GRANT PARTNERS INC.

**Current Principal Place of Business:**

8997 BOB O LINK CT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

8997 BOB O LINK CT  
TALLAHASSEE, FL 32312 UN

**Current Mailing Address:**

P.O. BOX 11132  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 27-1285567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSTONE, ARTHUR E  
8997 BOB O LINK CT  
TALLAHASSEE, FL 32312 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOHNSTONE, ARTHUR E  
Address: 1221 PHEASANT RUN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: C  
Name: ANNEST, STEPHEN M  
Address: 6782 VIOLET WAY  
City-St-Zip: ARVADA, CO 80007

Title: VP  
Name: ANAPLE, GORDON M  
Address: 4487 EDENTON LANE  
City-St-Zip: CINCINNATI, OH 45242

Title: S  
Name: MAISEL, MICHAEL J  
Address: 18 WYOMING AVE.  
City-St-Zip: WYOMING, OH 45215

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR E JOHNSTONE

P

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date