


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90124 034 \*\*\*150.00

<b>DOCUMENT # P00000064705</b>	
1. Entity Name <b>GRACE INDUSTRIES OF HERNANDO BEACH INC.</b>	

Principal Place of Business <b>4004 CENTAVO COURT HERNANDO BEACH, FL 34607</b>	Mailing Address <b>4004 CENTAVO COURT HERNANDO BEACH, FL 34607</b>
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2. Principal Place of Business <b>6996 NE HWY 351</b>	3. Mailing Address <b>P.O. Box 848</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OLD TOWN FL</b>	City & State <b>CROSS CITY FL</b>
Zip <b>32680</b>	Zip <b>32628-0848</b>
Country	Country



03102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3669876</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WILLIAMS, REBECCA 4004 CENTAVO COURT HERNANDO BEACH, FL 34607</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6996 NE HWY 351</b> City <b>OLD TOWN</b> FL Zip Code <b>32680</b>

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 REBECCA WILLIAMS DATE \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAMS, REBECCA 4004 CENTAVO COURT HERNANDO BEACH, FL 34607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6996 NE HWY 351 OLD TOWN, FL 32680</b> <input checked="" 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
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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 exemptions contained 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 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: Rebecca Williams **REBECCA WILLIAMS** **3-15-06** **352-542-7205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #