


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90009 026 ***158.75

DOCUMENT # P00000075583 1. Entity Name GRALNICK & ASSOCIATES, INC.			
Principal Place of Business 513 FAWN HILL PLACE SANFORD, FL 32771		Mailing Address 513 FAWN HILL PLACE SANFORD, FL 32771	
2. Principal Place of Business 5072 Hawks Hammock Way Suite, Apt. #, etc.		3. Mailing Address 5072 Hawks Hammock Way Suite, Apt. #, etc.	
City & State SANFORD, FL Zip 32771 Country		City & State SANFORD, FL Zip 32771 Country	
4. FEI Number 59-3665499		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GRALNICK, PAUL 513 FAWN HILL PLACE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name GRALNICK, PAUL Street Address (P.O. Box Number is Not Acceptable) 5072 Hawks Hammock Way City SANFORD FL Zip Code 32771	
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 <u><i>Paul Gralnick</i></u> PAUL GRALNICK <u><i>30 April 2004</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE)</small>			
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	D <input type="checkbox"/> Delete GRALNICK, PAUL 513 FAWN HILL PLACE SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRALNICK, PAUL 5072-Hawks Hammock Way SANFORD, FL 32771
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
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: <u><i>Paul Gralnick</i></u> PAUL GRALNICK, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>30 April 2004</i></u> 321-303-2652 <small>Date Daytime Phone #</small>	