

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000108629

1. Entity Name
GRANGER ENTERPRISES OF LAKE COUNTY, INC.



Principal Place of Business

**2785 S. BAY ST.
STE H
EUSTIS, FL 32726**

Mailing Address

**PO BOX 1881
EUSTIS, FL 32727-1881**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2586193** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANGER, ROBERT C
2785 S. BAY ST.
STE H
EUSTIS, FL 32726**

**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 filing)

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**

**1000000338942
04/28/05-80057-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GRANGER, ROBERT C JR**
STREET ADDRESS **2900 LAKE JOANNA DRIVE**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **D**
NAME **GRANGER, MARY E**
STREET ADDRESS **2900 LAKE JOANNA DRIVE**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 19.07(3)(f), 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 807, 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: **Mary E. Granger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 352-357-8885
Date Daytime Phone #

Mary E. Granger