


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90220 045 ***150.00


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| DOCUMENT # P01000040773 |  |
| 1. Entity Name GRACEWOOD MORTGAGE CORPORATION | |

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|---|---|
| Principal Place of Business 3100 SAND MINE ROAD DAVENPORT, FL 33897 | Mailing Address 3100 SAND MINE ROAD DAVENPORT, FL 33897 |
|---|---|

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|--|--|
| 2. Principal Place of Business 101 Golden Malay Palm Way Suite, Apt. #, etc. | 3. Mailing Address 101 Golden Malay Palm Way Suite, Apt. #, etc. |
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|------------------------------|------------------------------|
| City & State Davenport FL | City & State Davenport FL |
| Zip 33897 | Zip 33897 |
| Country USA | Country USA |

14007840



04182005 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number 59-3712406 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| CLARK, LINDA C 400 SADDLEWORTH PLACE HEATHROW, FL 32746 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL |
| Zip Code | |


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P MEADOWS, DAVID M 400 SADDLEWORTH PLACE HEATHROW, FL 32746 <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 | STD CLARK, LINDA C 400 SADDLEWORTH PLACE HEATHROW, FL 32746 <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 | V LOCKE, JESSICA 2626 TRYON PLACE WINDERMERE, FL 34786 <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 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:  **4/18/05 407.333.4216**

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