


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000041101 1. Entity Name PALACE GRAND, INC.	
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Principal Place of Business

**275 DELLA COURT
SPRING HILL, FL 34609**

Mailing Address

**275 DELLA COURT
SPRING HILL, FL 34609**



03082006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3712374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SESSA, SALVATORE
275 DELLA COURT
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SESSA, SALVATORE
5393 LEATHER SADDLE LANE
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
SESSA, NICHOLAS
7345 DOGWOOD CRESCENT
SPRING HILL, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D2V
GRESSACK, DANIEL
8 APPLE MANOR LANE
EAST BRUNSWICK, NJ 08816**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D3V
GRESSACK, MARK
8 APPLE MANOR LANE
EAST BRUNSWICK, NJ 08816**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000523193
05/03/06-80063-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 3/25/06