2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # P01000041101

1. Entity Name
PALACE GRAND, INC.

Principal Place of Business	Mailing Address
275 DELLA COURT SPRING HILL, FL 34609	275 DELLA COURT SPRING HILL, FL 34609

02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3712374
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SESSA, SALVATORE
275 DELLA COURT
SPRING HILL, FL 34609

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SESSA, SALVATORE
STREET ADDRESS	5393 LEATHER SADDLE LANE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	DVST
NAME	SESSA, NICHOLAS
STREET ADDRESS	7345 DOGWOOD CRESCENT
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D2V
NAME	GRESSACK, DANIEL
STREET ADDRESS	8 APPLE MANOR LANE
CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	D3V
NAME	GRESSACK, MARK
STREET ADDRESS	8 APPLE MANOR LANE
CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 th 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 off 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ SALVATORE SESSA X 2/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime P