

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041101

Entity Name: PALACE GRAND, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

275 DELLA COURT
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

275 DELLA COURT
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3712374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SESSA, SALVATORE
Address: 12080 SAPHIRE DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: DVST () Delete
Name: SESSA, NICHOLAS
Address: 7345 DOGWOOD CRESCENT
City-St-Zip: SPRING HILL, FL 34607

Title: D2V () Delete
Name: GRESSACK, DANIEL
Address: 8 APPLE MANOR LANE
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: D3V () Delete
Name: GRESSACK, MARK
Address: 8 APPLE MANOR LANE
City-St-Zip: EAST BRUNSWICK, NJ 08816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE SESSA

DP

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date