2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 14, 2004 08:00 AM Secretary of State

DOCUMENT # P0100 1. Entity Name MISS REBA GRACE, INC.		
Principal Place of Business	Mailing Address	
301 W. OSCEOLA LANE COCOA BEACH, FL 32931	301 W. OSCEOLA LANE COCOA BEACH, FL 32931	

DO NOT WRITE IN THIS SPACE

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04122004	No Chg-P	CR2E034 (10/03)	

4. FEI Number

59-3733256

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GEORGE T 301 W. OSCEOLA LANE COCOA BEACH, FL 32931

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE_						<u> </u>
	Signature, typod or printed name of registered agent and title	il applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution,	cing	\$5.00 May Be Added to Fees	U00000112349	
10.	OFFICERS AND DIREC	CTORS				150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GEORGE T 301 W. OSCEOLA LANE COCOA BEACH, FL 32931			· · -		<u>-</u> .
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE MAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the conchanged,	pertify that the information supplied with this figor this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	iling does not qualify for the exen and accurate and that my signate d to execute this report as require other like empowered.	nption stated ure shall haved ad by Chap	d in Section 119.07(3) re the same legal effecter 607, Florida Statute	i), Florida Statutes. I further certify that the cas if made under oath, that I am an offices, and that my name appears in Block 10.	e information per or director for Block 11 if 403-6859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)