

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90056 001 ***150.00

DOCUMENT # P01000077765 1. Entity Name GRACE ACCOUNTING SERVICE, INC.					
Principal Place of Business 4721 EAST MOODY BOULEVARD BUILDING 5, SUITES 505 & 506 BUNNELL, FL 32110			Mailing Address 4721 EAST MOODY BOULEVARD BUILDING 5, SUITES 505 & 506 BUNNELL, FL 32110		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3739029	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, JERRY C 123 PINE GROVE DRIVE PALM COAST, FL 32164				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPT KNIGHT, JERRY C 123 PINE GROVE DRIVE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNIGHT, DEANNA ONE WESTBRIAR LANE PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNIGHT, JEFFREY G ONE WESTBRIAR LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNIGHT, JEFFREY G. 1 WESTBRIAR LANE PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNIGHT, JEFFREY G. 1 WESTBRIAR LANE PALM COAST, FL 32164	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNIGHT, JEFFREY G. 1 WESTBRIAR LANE PALM COAST, FL 32164	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNIGHT, JEFFREY G. 1 WESTBRIAR LANE PALM COAST, FL 32164	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>JEFFREY G. KNIGHT Vice President</u> 2-6-08 (386) 431-6744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					