

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000079441 1. Entity Name GRAND BANKSHARES, INC.	
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Principal Place of Business 2055 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Mailing Address 2055 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1133652	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENE, J RUSSELL 2055 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when renewing) 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	D ARSENAULT, GERARD A 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DAVID H 321 ROYAL PALM WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, SANDY L 1280 LANTANA ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBIS, MICHAEL W 2366 INLAND COVE ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, DONALD H 229 ORANGE TREE DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, J. RUSSELL 2055 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

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05/10/06-80124-019 150.00

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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: James R. Oliva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

561-615-5020
Daytime Phone #