

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091513

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BILL GRANT ENTERPRISES INC.

## Current Principal Place of Business:

1270 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344

## New Principal Place of Business:

## Current Mailing Address:

1270 NORTH JEFFERSON ST  
MONTICELLO, FL 32344

## New Mailing Address:

FEI Number: 75-3038609      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, WILLIAM (BILL) T IV  
1270 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344    US

## Name and Address of New Registered Agent:

SAUNDERS-JONES, REMELDA T  
P.O. BOX 461  
MONTICELLO, FL 32344    US

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: BG

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC      ( ) Delete  
Name: GRANT, WILLIAM (BILL) T IV  
Address: 1270 NORTH JEFFERSON STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: D      (X) Delete  
Name: GRANT, ESTHER M  
Address: 1270 NORTH JEFFERSON  
City-St-Zip: MONTICELLO, FL 32344

Title: EVD      ( ) Delete  
Name: SAUNDERS, ELZORA T  
Address: P.O. BOX 461  
City-St-Zip: MONTICELLO, FL 32345

Title: VDTS      ( ) Delete  
Name: SAUNDERS, THOMAS E  
Address: P.O. BOX 461  
City-St-Zip: MONTICELLO, FL 32345

Title: D      ( ) Delete  
Name: SAUNDERS-JONES, REMELDA T MD  
Address: P.O. BOX 461  
City-St-Zip: MONTICELLO, FL 32345

Title: D      (X) Delete  
Name: SMITH-GRANT, ADRIENNE A  
Address: 6549 MEGILLIN COURT  
City-St-Zip: SAROSOTA, FL 34243

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: GRANT, WILLIAM (BILL) T IV  
Address: 1270 NORTH JEFFERSON STREET  
City-St-Zip: MONTICELLO, FL 32344

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

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

Title: VDT      (X) Change ( ) Addition  
Name: SAUNDERS, THOMAS E  
Address: P.O. BOX 461  
City-St-Zip: MONTICELLO, FL 32345

Title: DS      (X) Change ( ) Addition  
Name: SAUNDERS-JONES, REMELDA T MD  
Address: P.O. BOX 461  
City-St-Zip: MONTICELLO, FL 32345

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RSJ

DS

04/30/2004

Electronic Signature of Signing Officer or Director

Date