
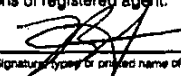



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90122 043 ***150.00

| | | | | | |
|---|---|--------------|---|---|--|
| DOCUMENT # P01000091513 | | | |  | |
| 1. Entity Name BILL GRANT ENTERPRISES INC. | | | | | |
| Principal Place of Business 1270 NORTH JEFFERSON STREET MONTICELLO, FL 32344 | | | Mailing Address 1270 NORTH JEFFERSON ST MONTICELLO, FL 32344 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| City & State | | City & State | | 4. FEI Number 75-3038609 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SAUNDERS-JONES, REMELDA T P.O. BOX 461 MONTICELLO, FL 32344 | | | | | |
| 7. Name and Address of New Registered Agent Name: Grant, William T IV Street Address (P.O. Box Number is Not Acceptable): 1270 N. Jefferson St. City: Monticello FL Zip Code: 32344 | | | | | |
| 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:  (NOTE: Registered Agent signature required when renating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRANT, WILLIAM (BILL) T IV 1270 NORTH JEFFERSON STREET MONTICELLO, FL 32344 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD SAUNDERS, ELZORA T P.O. BOX 461 MONTICELLO, FL 32345 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDT SAUNDERS, THOMAS E P.O. BOX 461 MONTICELLO, FL 32345 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SAUNDERS-JONES, REMELDA T MD P.O. BOX 461 MONTICELLO, FL 32345 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, D <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD, T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kimberly McHardy Grant P.O. Box 461 Monticello, FL 32345 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Adrienne Grant Smith 35 Bryant Circle Monticello FL 32344 | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: William T. Grant IV  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR | | | | | |
| Date: 4/30/05 Daytime Phone #: 850-528-3470 / 850-212-2497 | | | | | |