
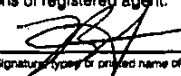



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3038609	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAUNDERS-JONES, REMELDA T P.O. BOX 461 MONTICELLO, FL 32344			Name Grant, William T- IV		
			Street Address (P.O. Box Number is Not Acceptable) 1270 N. Jefferson St.		
			City monticello		
			State 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 re-registering)		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, WILLIAM (BILL) T IV		NAME		
STREET ADDRESS	1270 NORTH JEFFERSON STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete	TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, ELZORA T		NAME		
STREET ADDRESS	P.O. BOX 461		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> Delete	TITLE	VP, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, THOMAS E		NAME		
STREET ADDRESS	P.O. BOX 461		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS-JONES, REMELDA T MD		NAME		
STREET ADDRESS	P.O. BOX 461		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP, T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kimberly McHardy Grant	
STREET ADDRESS			STREET ADDRESS	P.O. Box 461	
CITY-ST-ZIP			CITY-ST-ZIP	monticello, FL 32345	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Adrienne Grant Smith	
STREET ADDRESS			STREET ADDRESS	35 Bryant Circle	
CITY-ST-ZIP			CITY-ST-ZIP	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: 		Date: 4/30/05		Daytime Phone #: 850-528-3470 850-212-2497	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR					