
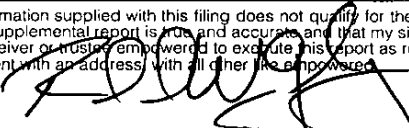


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90025 020 ***150.00

DOCUMENT # P02000090079			
1. Entity Name GRANDY STRUCTURAL, INC.			
Principal Place of Business 112 EVERGREEN DRIVE AUBURNDALE, FL 33823 US		Mailing Address 112 EVERGREEN DRIVE AUBURNDALE, FL 33823 US	
2. Principal Place of Business - No P.O. Box # 226 Polk City Rd		3. Mailing Address Same as 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Auburndale FL		City & State Same as 2	
4. FEI Number 59-3552895	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 GRANDY, RICHARD W 112 EVERGREEN DRIVE AUBURNDALE, FL 33823		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 226 Polk City Rd City Auburndale FL Zip Code 33823	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D, P, VP, T.S GRANDY, RICHARD W 112 EVERGREEN DRIVE AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 Polk City Rd. Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 the same.			
SIGNATURE: 		Date	Daytime Phone #
		4-8-07	863-673-3743