

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90002 038 ***150.00

DOCUMENT # P02000108345

1. Entity Name

GRANT LAW FIRM, PA



Principal Place of Business

Mailing Address

~~4617 MEADOWVIEW RD~~
~~MARIANNA FL 32446~~

~~PO BOX 6399~~
~~MARIANNA FL 32447~~

2. Principal Place of Business

2262 West Silver Hill Lane

3. Mailing Address

PO BOX 394

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LECANTO, FL

City & State

INVERNESS, FL

4. FEI Number

02-0621651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name William J. Grant, Esquire

Street Address (P.O. Box Number is Not Acceptable)

2262 West Silver Hill Lane

City LECANTO

FL

Zip Code 34461

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

William J. Grant

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☐ Delete
NAME GRANT, WILLIAM J ESQUIRE
STREET ADDRESS 4617 MEADOWVIEW RD
CITY-ST-ZIP MARIANNA FL 32446

TITLE PRESIDENT ☒ Change ☐ Addition
NAME GRANT, William J Esquire
STREET ADDRESS 2262 West Silver Hill Lane
CITY-ST-ZIP LECANTO, FL 34461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 J. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 29, 2004 850 209-8445