2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000126263

1. Entity Name

GRANT DIVERSIFIED INCORPORATED



FILED Apr 05, 2007 08:00 Al Secretary of State

Principal Place of Business

2395 NW 120TH LANE CORAL SPRINGS, FL 33065

Mailing Address

2395 NW 120TH LANE CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
82-0585416

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

- ,

6. Name and Address of Current Registered Agent

GRANT, AVE MARIE 2395 NW 120TH LANE CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

				IN I	HIS SPACE
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title to	f applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS GITY - ST- ZIP	P GRANT, AVE MARIE 2395 NW 120TH LANE CORAL SPRINGS, FL 33065				U00000691298 04/13/07-80005-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					3.11.21.21.22.22.22.22.22.22.22.22.22.22.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					,
HITLE NAME	,				•

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 time tempowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

954 340 0350

Daytime Phone (