


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000030855 1. Entity Name GRAYCE INC.	
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Principal Place of Business 216 SOUTH MAIN STREET BUSHNELL, FL 33513 US	Mailing Address 216 SOUTH MAIN STREET BUSHNELL, FL 33513 US
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2085799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUTSAVAGE, ETHEL 19012 SANDALWOOD DR. WILDWOOD, FL 34785	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GLADU, RICHARD 216 SOUTH MAIN STREET BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA SAVAGE, STEVEN 216 SOUTH MAIN STREET BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GLADU, SANDI 216 SOUTH MAIN STREET BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR SAVAGE, STEVEN 216 SOUTH MAIN STREET BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/23/05-80009-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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, 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: X Steven Savage STEVEN SAVAGE X 3-10-05 352-569-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #