


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90048 002 \*\*\*150.00

<b>DOCUMENT # P03000031152</b> 1. Entity Name <b>GRANDPA'S SERVICE'S, INC.</b>																													
Principal Place of Business <b>5528 ROCKWOOD AVE. ORLANDO, FL 32839</b>			Mailing Address <b>5528 ROCKWOOD AVE. ORLANDO, FL 32839</b>																										
2. Principal Place of Business <b>579 Fairville Rd</b>		3. Mailing Address <b>P.O. Box 560741</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>56-2371389</b>																									
Zip <b>32808</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>OLSON, ERIC R 5528 ROCKWOOD AVE. ORLANDO, FL 32839</b>			7. Name and Address of New Registered Agent Name <b>Sherman Wallace</b> Street Address (P.O. Box Number is Not Acceptable) <b>579 Fairville Rd.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32808</b>																										
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 <b>Sherman Wallace</b> <b>Sherman Wallace</b> <b>1-6-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLSON, ERIC R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5528 ROCKWOOD AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32839</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	OLSON, ERIC R.		STREET ADDRESS	5528 ROCKWOOD AVE.		CITY-ST-ZIP	ORLANDO, FL 32839		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sherman Wallace</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>579 Fairville Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando FL 32808</td> <td></td> </tr> </table>			TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Sherman Wallace		STREET ADDRESS	579 Fairville Rd.		CITY-ST-ZIP	Orlando FL 32808	
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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: <b>Eric R. Olson</b> <b>1-6-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													