

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 015 ***150.00

DOCUMENT # P03000074720

1. Entity Name
GRACE 101 GP, INC.



Principal Place of Business
200 VALENCIA DRIVE
MAITLAND, FL 32751

Mailing Address
200 VALENCIA DRIVE
MAITLAND, FL 32751

54039036



2. Principal Place of Business

3. Mailing Address

P.O. Box 1618

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State

City & State

Maitland, FL

4. FEI Number

61-1455878

Applied For

Not Applicable

Zip

Country

Zip

32794

Country

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

HICKMAN, ANDRE
200 VALENCIA DRIVE
MAITLAND, FL 32751

Name

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

City

FL

Zip Code

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

Andre Hickman President

4/20/04
DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 P ☐ Delete
NAME HICKMAN, ANDRE
STREET ADDRESS 200 VALENCIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

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

TITLE S ☐ Delete
NAME MILLER, HAROLD
STREET ADDRESS 200 VALENCIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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CITY-ST-ZIP

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:

Andre Hickman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

(407) 331-1688
Daytime Phone #