

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

**REINSTATEMENT** 04



09222004 Chg-P CR2E034 (10/03) *MRS*

**DOCUMENT # P03000083886**

1. Entity Name  
**GRAND REALTY, INC.**



Principal Place of Business  
**109 N GROSSE AVE  
TARPON SPRINGS, FL 34689**

Mailing Address  
**109 N GROSSE AVE  
TARPON SPRINGS, FL 34689**

2. Principal Place of Business  
**4038 Little Rd.**

3. Mailing Address  
**4038 Little Rd**

Suite, Apt. #, etc.

City & State  
**Newport Richy, FL**

City & State  
**Newport Richy, FL**

Zip  
**34655**

Country  
**USA**

Zip  
**34655**

Country  
**USA**

4. FEI Number  
**20-0126808**

5.-Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**GRANDE, MICHELE D  
109 N GROSSE AVE  
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name

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

**353 4038 Little Rd.**

City **Newport Richy** **FL** Zip Code **34655**

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 *M. Michele D. Grande* **9/22/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRANDE, MICHELE D 109 N GROSSE AVE TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4038 Little Rd Newport Richy, FL 34655</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300041781633 10/11/04--01054--012 **150.00</b>
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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: *M. Michele D. Grande* **9/22/04** **727-375-8001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR