



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90214 033 ***158.75

DOCUMENT # P03000092061 1. Entity Name EURO GRANDEVILLE ON SAXON, INC.					
Principal Place of Business 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607			Mailing Address 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0204102	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent AMEURCO MANAGEMENT, INC. 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607					
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESSEM, HERMAN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Herman Bessem 4300 W. Cypress St., Suite 1075 Tampa FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T SPIKER, MICHAEL 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, T Michael E. Spiker 4300 W. Cypress St., Suite 1075 Tampa, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE JAEGER, ROMAIN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary, VP Romain De Jaeger 4300 W. Cypress St., Suite 1075 Tampa		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESSEM, HERMAN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: 		4/20/04		813-353-8800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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04162004 Chg-P CR2E034 (10/03)