

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90011 037 ***158.75

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DOCUMENT # P03000096823

1. Entity Name
GRAUNDER ASSOCIATES, INC.



Principal Place of Business
 2240 BELLEAIR RD STE 160
 CLEARWATER, FL 33764

Mailing Address
 2240 BELLEAIR RD STE 160
 CLEARWATER, FL 33764

2. Principal Place of Business
 2997 Covewood Pl
 Suite, Apt. #, etc.

3. Mailing Address
 2997 Covewood Pl
 Suite, Apt. #, etc.

City & State
 Clearwater FL

City & State
 Clearwater FL

Zip
 33761-4312

Country
 USA

Zip
 33761-4312

Country
 USA

04192004 Chg-P CR2E034 (10/03)

4. FEI Number
 51-0485602

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M
 C/O O'CONNOR & ASSOCIATES
 2240 BELLEAIR RD STE 160
 CLEARWATER, FL 33764

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 _____
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 D	<input type="checkbox"/> Delete	TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAUNDER, GAIL		NAME Grawunder, Gail	
STREET ADDRESS 2240 BELLEAIR RD STE 160		STREET ADDRESS 2997 Covewood Pl	
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP Clearwater FL 33761-4312	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gail Graunder Gail GRAUNDER 4/19/04 727-796-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #