



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90011 037 ***158.75

54038514

DOCUMENT # P03000096823 1. Entity Name GRAWUNDER 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 Zip 33761-4312		City & State Clearwater FL Zip 33761-4312		4. FEI Number 51-0485602 Applied For <input type="checkbox"/> Not Applicable																									
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRAWUNDER, GAIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2240 BELLEAIR RD STE 160</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GRAWUNDER, GAIL		STREET ADDRESS	2240 BELLEAIR RD STE 160		CITY-ST-ZIP	CLEARWATER, FL 33764		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D/P</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Grawunder, Gail</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2997 Covewood PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Clearwater FL 33761-4312</td> <td></td> </tr> </table>			TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Grawunder, Gail		STREET ADDRESS	2997 Covewood PL		CITY-ST-ZIP	Clearwater FL 33761-4312	
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SIGNATURE: Gail Grawunder Gail Grawunder 4/19/04 727-796-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #