

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90004 023 ***150.00

DOCUMENT # P03000099823	
1. Entity Name LINC GRANT CONSTRUCTION, INC.	
Principal Place of Business 1702 E JAMES LEE BLVD CRESTVIEW, FL 32539	Mailing Address 1702 E JAMES LEE BLVD CRESTVIEW, FL 32539



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3384302	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRANT, LINC
1702 E JAMES LEE BLVD
CRESTVIEW, FL 32539

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRANT, LINC 1702 E JAMES LEE BLVD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ROGERS, BILL 1702 E JAMES LEE BLVD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROGERS, BRYAN 130 E FOURTH ST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linc Grant 1/08/2005 (850) 682-4021
Date Daytime Phone #