2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P03000139896 1. Entity Name GRAND MOULDING, CORP. Principal Place of Business Mailing Address			Secretary of State		
	MORAL TRACE	Mailing Address 715 SW BALMORAL TRACE STUART, FL 34997 US			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03312005 4. FEI Numb 20-04	
STUART,	ENRY R ALMORAL TRACE FL 34997		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 birried name of registered agent and tills if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P CONTI, HENRY R 715 SW BALMORAL TRACE STUART, FL 34997	CTORS			UNOOND286239 U4/U4/US-80022-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY ST-ZIP					
THILE NAME STREET ADDRESS CHY-ST-ZIP		-			
12. Thereby certify that the information supplied with this filling 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 receiveror 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 WENRY CONTT 3/3/1/04					
SIGNATURE DAY DAYLINE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Proce #					