
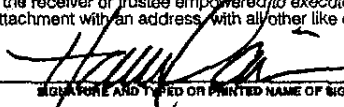


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000013210 1. Entity Name GRACE LAND INVESTMENT COMPANY OF MADISON, INC.		
Principal Place of Business 420 LAKESHORE DRIVE MADISON, FL 32340	Mailing Address 420 LAKESHORE DRIVE MADISON, FL 32340	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVIS, HENRY N 420 LAKESHORE DRIVE MADISON, FL 32340		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, HENRY N 420 LAKESHORE DRIVE MADISON, FL 32340	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, TONJA 420 LAKESHORE DRIVE MADISON, FL 32340	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: 		2-17-05 830 973 2215 Date Daytime Phone #



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0692682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/18/05-80020-001 150.00

**DO NOT WRITE
IN THIS SPACE**