## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 03, 2006 08:00 AM Secretary of State DOCUMENT # P04000013537 1. Entity Name GRACEY'S FLIGHTIES, INC. Principal Place of Business Mailing Address 1451 LEWIS RD 1451 LEWIS RD MILTON, FL 32570 MILTON, FL 32570 04012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0641693 Not Appace \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDONALD, DENISE DO NOT WRITE 1451 LEWIS RD **MILTON, FL 32570** 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 according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title 8 applicable. (MOTE: Registered Agent signature required when reinstating) \$. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 16. OFFICERS AND DIRECTORS TITLE MCDONALD, DENISE NAME STREET ADDRESS 1451 LEWIS RD CHTY-ST-ZIP MILTON, FL 32570 TITLE U00000560242 05/18/06-80031-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP T175.6 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this kiling does not qualify for the exemptions contained in Chapter 1.19. 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 directly 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 changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE