

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90170 028 \*\*\*150.00

<b>DOCUMENT # P04000028170</b> 1. Entity Name <b>GRACE DAVIDSON AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>15139 STERLING OAKS DRIVE NAPLES FL 34110 US</b>			Mailing Address <b>15139 STERLING OAKS DRIVE NAPLES FL 34110 US</b>		
2. Principal Place of Business <b>14520 Olde Hickory Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>14520 Olde Hickory Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Fort Myers FL</b> Zip Country <b>33912 USA</b>		City & State <b>Fort Myers FL</b> Zip Country <b>33912 USA</b>		4. FEI Number <b>EIN 20-0724024</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>LAMB, JEFFREY R 868 106TH AVENUE NORTH NAPLES FL 34108</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DPT <input type="checkbox"/> Delete	NAME	DAVIDSON, GRACE		
STREET ADDRESS	15139 STERLING OAKS DRIVE	CITY-ST-ZIP	NAPLES FL 34108		
TITLE	VPS <input type="checkbox"/> Delete	NAME	KUBEL, EDWARD		
STREET ADDRESS	15139 STERLING OAKS DRIVE	CITY-ST-ZIP	NAPLES FL 34108		
TITLE	<input type="checkbox"/> Delete	NAME			
STREET ADDRESS		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME			
STREET ADDRESS		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME			
STREET ADDRESS		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME			
STREET ADDRESS		CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			
STREET ADDRESS	14520 Olde Hickory Blvd	CITY-ST-ZIP	Fort Myers FL 33912		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			
STREET ADDRESS	14520 Olde Hickory Blvd	CITY-ST-ZIP	Fort Myers FL 33912		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			
STREET ADDRESS		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			
STREET ADDRESS		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(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:** *Grace M. Davidson* **x Grace M. Davidson** 3/4/05 x 239 768 6832  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #