

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028170

FILED
Jan 04, 2006
Secretary of State

Entity Name: GRACE DAVIDSON AND ASSOCIATES, INC.

Current Principal Place of Business:

14520 OLDE HICKORY BLVD
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14520 OLDE HICKORY BLVD
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 20-0724024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
868 106TH AVENUE NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

LAMB, JEFFREY R
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

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.

SIGNATURE:

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DAVIDSON, GRACE
Address: 14520 OLDE HICKORY BLVD
City-St-Zip: FORT MYERS, FL 33912 US

Title: VPS () Delete
Name: KUBEL, EDWARD
Address: 14520 OLDE HICKORY BLVD
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE M. DAVIDSON

DPT

01/04/2006

Electronic Signature of Signing Officer or Director

Date