

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90042 015 \*\*\*150.00

<b>DOCUMENT # P04000042741</b> 1. Entity Name <b>GRANGER FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>201 N DORT ST PLANT CITY, FL 33563</b>			Mailing Address <b>201 N DORT ST PLANT CITY, FL 33563</b>		
2. Principal Place of Business <b>3707 Hawthorn Road</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3707 Hawthorn Road</b> <small>Suite, Apt. #, etc.</small>			
City & State 		City & State 			
Zip <b>33567</b>	Country 	Zip <b>33567</b>	Country 	4. FEI Number <b>20-44921661</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GRANGER, DOUGLAS W 201 N DORT ST PLANT CITY, FL 33563</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3707 Hawthorn Road</b> City <b>FL</b> Zip Code <b>33567</b>		
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 renewing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, DOUGLAS W 201 N DORT ST PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		7/23/06 813-752-0075 <small>Date Daytime Phone #</small>			

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