

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000067825**

1. Entity Name  
**BUSINESS ASSISTANTS, INC.**



Principal Place of Business  
**305 KELTNER COURT  
SPRING HILL, FL 34609**

Mailing Address  
**305 KELTNER COURT  
SPRING HILL, FL 34609**



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1040886**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE HOGAN LAW FIRM, LLC  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000526279

05/04/06-80065-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GRADY, EILEEN M
STREET ADDRESS	305 KELTNER COURT
CITY-ST-ZIP	SPRING HILL, FL 34609

TITLE	DST
NAME	GRADY, JOHN D
STREET ADDRESS	305 KELTNER COURT
CITY-ST-ZIP	SPRING HILL, FL 34609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John D. Grady* **John D. Grady** 4/21/06 352-799-6561