



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90197 041 ***158.75

DOCUMENT # P04000093813					
1. Entity Name GRAND MORTGAGE COMPANY, INC.					
Principal Place of Business 1547 FLORIDA MANGO ROAD NORTH BLDG 11 SUITE 2 WEST PALM BEACH, FL 33409			Mailing Address 1547 FLORIDA MANGO ROAD NORTH BLDG 11 SUITE 2 WEST PALM BEACH, FL 33409		
2. Principal Place of Business 1680 SW Bayshore Blvd Suite, Apt. #, etc. Suite 220 City & State Port St. Lucie, FL Zip 34984 Country USA		3. Mailing Address 1680 SW Bayshore Blvd Suite, Apt. #, etc. Suite 220 City & State Port St. Lucie, FL Zip 34984 Country USA			
		02242005 Chg-P CR2E034 (10/03)		4. FEI Number 20-1246383	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAYNES, DAVID A 1547 FLORIDA MANGO ROAD NORTH BLDG 11 SUITE 2 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name: Renee L. Dalessio Street Address (P.O. Box Number is Not Acceptable): 6452 NW Halibut Street City: Port St. Lucie FL Zip Code: 34986		
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: <u>Renee L. Dalessio, President</u> DATE: <u>2/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JAMES B 1547 FLORIDA MANGO ROAD NORTH WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALESSIO, RENEE L 1547 FLORIDA MANGO ROAD NORTH WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Vice President Renee L. Dalessio 6452 NW Halibut Street Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, EILEEN B 1547 FLORIDA MANGO ROAD NORTH WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jacqueline R. Woodams 6452 NW Halibut Street Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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: <u>Renee L. Dalessio, President</u> Date: <u>2/24/05</u> Daytime Phone #: <u>772-621-8110</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					