

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90420 048 ***158.75

DOCUMENT # P04000093813

1. Entity Name
GRAND MORTGAGE COMPANY, INC.



Principal Place of Business
**1680 SW BAYSHORE BLVD
STE 220
PORT SAINT LUCIE, FL 34984**

Mailing Address
**1680 SW BAYSHORE BLVD
STE 220
PORT SAINT LUCIE, FL 34984**

2. Principal Place of Business

3. Mailing Address

1680 SW Bayshore Blvd. - same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 116

116

City & State

City & State

Port St. Lucie, FL

City & State

Zip
34984

Country
USA

Zip

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1246383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALESSIN, RENEE L
6952 NW HALIBUT ST
PORT SAINT LUCIE, FL 34986**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVP
DALESSIO, RENEE L
6452 HALIBUT ST
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WOODAMS, JACQUELINE R
6452 NW HALIBUT ST
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Renée L. Dalessio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

Daytime Phone #

772-215-7074