

FILED
Mar 04, 2008 8:00 am
Secretary of State

01-29-2008 90018 024 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000143249

1. Entity Name
GRACE SUPPLY, INC.



Principal Place of Business
**1402 SW 45 WAY
DEERFIELD BEACH, FL 33442**

Mailing Address
**1402 SW 45 WAY
DEERFIELD BEACH, FL 33442**

66002298



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0649375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAVERA, GERARD
1402 SW 45 WAY
DEERFIELD BEACH, FL 33442**

**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 *Gerard Cavera*

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

(NOTE: Registered Agent signature required when re-stating)

DATE *1/27/08*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAVERA, GERARD
1402 SW 45 WAY
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Gerard Cavera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

Daytime Phone #