2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State
05-13-2005 90220 003 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000147158

1. Entity Name
GRAND C, INC.

Principal Place of Business	Mailing Address
%BRUCE P CHAPNICK - ICARD, MERRILL,ET AL 2033 MAIN ST - STE 600 SARASOTA, FL 34237	%BRUCE P CHAPNICK - ICARD, MERRILL,ET AL 2033 MAIN ST - STE 600 SARASOTA, FL 34237
2. Principal Place of Business: 3941 Tamiami Tr.	3. Mailing Address: 3941 Tamiami Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State: Punta Gorda, FL.
Zip: 33950 Country: Charlotte	Zip: 33950 Country: Charlotte

4. FEI Number: 35-2240350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ
ICARD,MERRILL,CULLIS,TIMM,FUREN&GINSBURG
2033 MAIN ST - STE 600
SARASOTA, FL 34237

3941 Tamiami Trail
Punta Gorda FL 33950

7. Name and Address of New Registered Agent

Name: Frank Lo Grande
Street Address (P.O. Box Number is Not Acceptable): 1321 Taylor Rd. #B
City: Punta Gorda FL Zip Code: 33950

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	Pres. Frank LoGrande 1321 Taylor Rd. #B Punta Gorda, FL. 33950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #