

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90098 024 \*\*\*150.00

**DOCUMENT # P05000041194**

1. Entity Name  
GRACE GIFTS & INTERIORS, INC.



Principal Place of Business  
~~3503 ROSEWOOD CIRCLE~~  
~~LYNN HAVEN, FL 32444~~

Mailing Address  
3503 ROSEWOOD CIRCLE  
LYNN HAVEN, FL 32444

50010933



2. Principal Place of Business

GRACE Gifts & Int., INC

Suite, Apt. #, etc.

2901 W. 11th St

City & State

Panama City, FL

Zip

32401

Country

Bay

3. Mailing Address

Cheryl Grantham

Suite, Apt. #, etc.

3503 Rosewood Cir.

City & State

LYNN HAVEN, FL

Zip

32444

Country

Bay

03172006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2546932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANTHAM, CHERYL L  
3503 ROSEWOOD CIRCLE  
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

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

*Cheryl Grantham* Cheryl Grantham - owner

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

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

4-6-06

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
GRANTHAM, CHERYL L  
3503 ROSEWOOD CIRCLE  
LYNN HAVEN, FL 32444 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE  
NAME  
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

*Cheryl Grantham* Cheryl Grantham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

Date

850-248-9332

Daytime Phone #