

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90001 029 \*\*\*150.00

**DOCUMENT # P05000100834**

1. Entity Name  
**GRACE & RYAN, INC.**



Principal Place of Business  
**650 39TH COURT, SW  
VERO BEACH, FL 32968**

Mailing Address  
**650 39TH COURT, SW  
VERO BEACH, FL 32968**

**00012872**



2. Principal Place of Business  
**1916 14<sup>th</sup> Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**1916 14<sup>th</sup> Avenue**  
Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State  
**Vero Beach, FL**  
Zip **32960** Country **USA**

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**Vero Beach, FL**  
Zip **32960** Country **USA**

4. FEI Number  
**03-6565876**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRASSY, JENNIFER  
650 39TH COURT, SW  
VERO BEACH, FL 32968**

**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

Signature typewritten name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reappointing)

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	P	<input type="checkbox"/> Delete
NAME	KRASSY, JENNIFER	
STREET ADDRESS	650 39TH COURT, SW	
CITY- ST- ZIP	VERO BEACH, FL 32968	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRASSY, MATTHEW A	
STREET ADDRESS	650 39TH COURT, SW	
CITY- ST- ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jennifer Krassy* 2/6/06 772 778 0066