

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000006923

1. Entity Name
GRANGE HALL BEE CORP.



**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90219 045 ***150.00

40087056



01292007 Chg-P CR2E034 (12/06)

4. FEI Number	20-4048066	Applied For
		Not Applicable

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

Principal Place of Business
805 SILVERTHORN LANE
RUSKIN, FL 33598

Mailing Address
805 SILVERTHORN LANE
RUSKIN, FL 33598

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

ALDERMAN, WILLIAM S
805 SILVERTHORN LANE
RUSKIN, FL 33598

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, 2007 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	PSTD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, WILLIAM S		
STREET ADDRESS	805 SILVERTHORN LANE		
CITY-ST-ZIP	RUSKIN, FL 33598		
TITLE	VD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, LISA		
STREET ADDRESS	805 SILVERTHORN LANE		
CITY-ST-ZIP	RUSKIN, FL 33598		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<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: Lisa J. Alderman 4/17/07 813-634-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #