## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P06000026598



## **FILED** Jan 16, 2007 8:00 am Secretary of State

1. Entity Name GRACE COASTAL PROPERTIES, INC.							01-16-2007 90183 041 ***158.75				
14032 BROKEN BOW DRIVE SOUTH			14	Mailing Address 14032 BROKEN BOW DRIVE SOUTH JACKSONVILLE, FL 32225			:				
2. Principal Pl	lace of Busine	ess - No P.O. Box #	3. M	ailing Address							
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.			01032007	Chg-P	CR2E0	34 (12/06)		
City & State		Ci	ity & State			4. FEI Number 20 - 439 5304		+	Applied For Not Applicable		
Zip		Country	Zij	q	Cour	ntry		e of Status Desired	سلقا	\$8.75 Add Fee Require	
	6. Name	and Address of Curre	ent Registe	red Agent			7. Name an	d Address of New	Prigistered A	\gent	
		÷.				Name					
KELLER, PHILIP 14032 BROKEN BOW DRIVE SOUTH JACKSONVILLE, FL 32225						Street Address (P.O. Box Number is Not Acceptable)					
		· .				City			FL	Zip Code	3
8. The above	named entry	submits this statemer	nt for the pu	rpose of changing its	s register	ed office or reg	gistored agent, or b	oth, in the State of F		·   '	
the obligati											
the obligati	Signature, lyggg d	of printed name of registored a	gent and bile if a	OH) eldcolluge	fE Hegistere	ed Augnt signaluru re	equired when reinstaling)	·	DATE		
the obligati	Signature, lygge	of printed name of registored a	gent and title if a	(NO.)	fë Hegistere	ed Agent signaturu re	equired when teinstaling)		DATE		
the obligati SIGNATURE_ FILI	E NOWIII:	FEE IS \$150.00 Fee will be \$55		9. Election Campa Trust Fund Con	aign Fina	ncing	\$5.00 May Be Added to Fees		DATE		
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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 it made under eath; 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.

GNATURE:

PHILIP KEITET

1-13-07

904-220-8775

1-13-07 904-220-8775 HHLIP KEILER **SIGNATURE**