

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90183 041 \*\*\*158.75

**DOCUMENT # P06000026598**

1. Entity Name  
GRACE COASTAL PROPERTIES, INC.



Principal Place of Business  
14032 BROKEN BOW DRIVE SOUTH  
JACKSONVILLE, FL 32225

Mailing Address  
14032 BROKEN BOW DRIVE SOUTH  
JACKSONVILLE, FL 32225

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

3. Mailing Address



01032007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**20-4395304**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, PHILIP  
14032 BROKEN BOW DRIVE SOUTH  
JACKSONVILLE, FL 32225

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KELLER, PHILIP  
14032 BROKEN BOW DRIVE SOUTH  
JACKSONVILLE, FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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KELLER, ANNE T  
14032 BROKEN BOW DRIVE SOUTH  
JACKSONVILLE, FL 32225 ☐ Delete

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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:

*Philip Keller* PHILIP KELLER

1-13-07 904-220-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone