
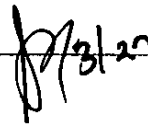


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000027430 1. Entity Name GRANT IV ENTERPRISES INC.						FILED 07 MAR 26 AM 8:07 TALLAHASSEE, FLORIDA	
Principal Place of Business 1270 NORTH JEFFERSON ST MONTICELLO, FL 32344				Mailing Address 1270 NORTH JEFFERSON ST MONTICELLO, FL 32344			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 22-3940284				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANT, WILLIAM T IV 1270 NORTH JEFFERSON ST MONTICELLO, FL 32344				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 _____ (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. <input type="checkbox"/> \$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	PTS GRANT, WILLIAM T IV 1270 NORTH JEFFERSON ST MONTICELLO, FL 32344 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Grant William T. IV. 1270 North Jefferson St. Monticello Fl. 32344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRANT, WILLIAM T IV 1270 NORTH JEFFERSON ST MONTICELLO, FL 32344 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	alvin c. mchardy P.O. Box 357 Port Salerno Fl. 34992 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Kimberly mchardy Grant 1270 N. Jefferson St. Monticello, Fl. 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Kimberly Janea Grant 1270 North Jefferson Monticello Fla. 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Stephanie mchardy 412 Westwood Tallahassee 32304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			000095803090 04/04/07--01036--012 **150.00			
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: _____ _____ _____							