

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056622

FILED
Apr 06, 2009
Secretary of State

Entity Name: GRACIE & ASSOCIATES, INC.

Current Principal Place of Business:

348 MIRACLE STRIP PKY SW
SUITE 36
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

846 MEADOW LANE
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

348 MIRACLE STRIP PKY SW
SUITE 36
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

846 MEADOW LANE
FORT WALTON BEACH, FL 32547 US

FEI Number: 26-0175161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST.CLAIR, THERESA C
348 MIRACLE STRIP PKY SW
SUITE 36
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ST.CLAIR, THERESA C
846 MEADOW LANE
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: THERESA C. ST.CLAIR

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ST.CLAIR, THERESA C
Address: 348 MIRACLE STRIP PKY SW, SUITE 36
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: MOSOW, REBECCA L
Address: P.O. BOX 1291
City-St-Zip: FRASER, CO 80442

Title: S-T () Delete
Name: ST.CLAIR, THERESA C
Address: 348 MIRACLE STRIP PKY SW, SUITE 36
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ST.CLAIR, THERESA C
Address: 846 MEADOW LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S-T (X) Change () Addition
Name: ST.CLAIR, THERESA C
Address: 846 MEADOW LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA C. ST.CLAIR

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date