

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011644

Entity Name: CINCO GRANDE, INC.

FILED
Aug 30, 2005
Secretary of State

Current Principal Place of Business:

500 NE 8TH AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

352 CROMPTON STREET
CHARLOTTE, NC 28273 US

New Mailing Address:

FEI Number: 59-3158198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKEEVER, JOHN P PA
500 NE 8TH AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRUCH, DUANE H
Address: 352 CROMPTON STREET
City-St-Zip: CHARLOTTE, NC 28273

Title: VPT () Delete
Name: GOLDBERG, MAXWELL
Address: 2880 LE BATEAU DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPS () Delete
Name: MUNGENAST, DAVE
Address: 5939 SOUTH LINDBERGH BOULEVARD
City-St-Zip: ST LOUIS, MO 63123

Title: VP () Delete
Name: VAUGHAN, ROGER
Address: 5101 S NICHOLS ST
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: SCHWARTZ, SAM
Address: 130 WOODMERE BLVD., SOUTH
City-St-Zip: WOODMERE, NY 11598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DUANE H BRUCH

PRES

08/30/2005

Electronic Signature of Signing Officer or Director

Date