

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000002833

1. Entity Name
GRENADIER ASSOCIATES LTD., INC.



Principal Place of Business
**14155 U.S. HIGHWAY ONE
SUITE 310
JUNO BEACH, FL 33408-1428**

Mailing Address
**14155 U.S. HIGHWAY ONE
SUITE 310
JUNO BEACH, FL 33408-1428**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0563017	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PURCELL, JOHN R
14155 U.S. HIGHWAY ONE
SUITE 310
JUNO BEACH, FL 33408-1428**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CDPS
NAME	PURCELL, JOHN R
STREET ADDRESS	14155 U.S. HIGHWAY ONE SUITE 310
CITY - ST - ZIP	JUNO BEACH, FL 334081428

TITLE	S
NAME	BEH, LAUREL
STREET ADDRESS	14155 US HIGHWAY OEN -STE 310
CITY - ST - ZIP	JUNO BEACH, FL 33408

TITLE	VT
NAME	PURCELL, SHERYL I
STREET ADDRESS	14155 U.S. HIGHWAY ONE SUITE 310
CITY - ST - ZIP	JUNO BEACH, FL 334081428

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John R. Purcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

561 622-2000

Daytime Phone #