## 2008 FOR PROFIT CORPORATION

## Feb 11, 2008 8:00 am Secretary of State ANNUAL REPORT 02-11-2008 90041 022 \*\*\*150.00 DOCUMENT # P95000002833 GRENADIER ASSOCIATES LTD., INC. Principal Place of Business Mailing Address 14155 U.S. HIGHWAY ONE 14155 U.S. HIGHWAY ONE SUITE 310 **SUITE 310** JUNO BEACH, FL 33408-1428 JUNO BEACH, FL 33408-1428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0563017 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PURCELL, JOHN R 14155 U.S. HIGHWAY ONE Street Address (P.O. Box Number is Not Acceptable) **SUITE 310** JUNO BEACH, FL 33408-1428 City 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 Fiorida. 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -11. **CDPS** TITLE ☐ Delete TITI F ■ Addition PURCELL, JOHN R NAME NAME 14155 U.S. HIGHWAY ONE SUITE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 334081428 CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME BEH, LAUREL NAME STREET ADDRESS 14155 US HIGHWAY OEN -STE 310 STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PURCELL, SHERYL I NAME NAME STREET ADDRESS 14155 U.S. HIGHWAY ONE SUITE 310 STREET ADDRESS CITY-ST-ZIE JUNO BEACH, FL 334081428 CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

☐ Delete

: Change \_- Addition