

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000040444

1. Entity Name
GRANTS ADMINISTRATION AND MANAGEMENT
SERVICES, INC.



Principal Place of Business
114 NORTH MADISON ST
QUINCY, FL 32351

Mailing Address
3351 HUTCHINSON FERRY RD
QUINCY, FL 32352

FILED
06 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3439235

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANKS, ROSEMARY C
3351 HUTCHINSON FERRY RD
QUINCY, FL 32352

**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 Rosemary C. Banks Rosemary C. Banks 04/28/06
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, ROSEMARY C 3351 HUTCHINSON FERRY RD QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700075101457
05/23/06--01049--010 **158.75

**DO NOT WRITE
IN THIS SPACE**

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: Rosemary C. Banks ROSEMARY C BANKS 04/28/06 (850) 627-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #