


2008 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
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DO NOT WRITE IN THIS SPACE

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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, ROSEMARY C 3351 HUTCHINSON FERRY RD QUINCY, FL 32352
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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: <u>Rosemary C Banks</u> ROSEMARY C BANKS 04/29/08 (850) 627-3119	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED
2008 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3439235	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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