

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000015669

Entity Name: ALL GRACE ENTERPRISES, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1146 HWY 20  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

1146 HWY 20  
INTERLACHEN, FL 32148

**New Mailing Address:**

FEI Number: 59-3403382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLOWAY, JERLINE E  
1146 HWY 20  
INTERLACHEN, FL 32148 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GALLOWAY, JOSEPH R  
Address: 1146 HWY 20  
City-St-Zip: INTERLACHEN, FL 32148

Title: D  
Name: GALLOWAY, JERLINE E  
Address: 1146 HWY 20  
City-St-Zip: INTERLACHEN, FL 32148

Title: S  
Name: WATSON, MARGARET  
Address: 1146 HWY 20  
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: JERLINE GALLOWAY

D

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date