2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 08, 2005 8:00 am Secretary of State 07-08-2005 90024 013 ***150.00 DOCUMENT # P96000 054466 1. Entity Name **GRANT & GRANT, P.A.** Principal Place of Business Maiting Address 66027034 859 PARK AVENUE STE 104 859 PARK AVENUE STE 104 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address 102185 Heather Glen Drive 10205 Heather Glen T-07052005 CR2E03- (10/03) City & State City & State 4 | El Number Applied For Tacksonille Jacksonville 59-3387216 Not Applicable Country \$8.75 Additional 5 Certificate of Status Detired Duva. Fee Required 6. Name and Address of CL :rent Registered Agent 7 I ame and Address of New Registered Agent GRANT, WILLIAM H III 10225 Heather Glen Dr. Street Address (P.O. Box Number is Not Acceptable) 10.225 Heather Color 859 PARK AVENUE STE 104 JUCKSONVINE, FL 32256 ORANGE PARK, FL 32073 Tacksonville 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 itan if an each accept the obligations of registered agest SIGNATURE. 0/15 (NOTE: Registered Agent signature required when relistating) In accordance with s. 607.153(2)(b), F.S., the \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.(0 corporation clid not receive the prior notice. Added to Fees Trust Fund Contribution. Due by September 7, 200! A DI-ITIONS/CHANGES TO DEFICERS AND DEECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Adaition [] (hange TITLE [] Delete TITLE NAME 10225 Heather 6:60 Drive NAME GRANT, WILLIAM 111 STREET ADDRESS 859 PARK AVENUE STE 104 STREET ADDRESS Jacksonville, P.L. 32254 CITY-ST-ZIP **GRANGE PARK: FL 32073** CITY-ST-ZIP Addition TITLE [] Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] (hange Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] (hange Addition TITLE [] Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CtFY-ST-ZIP CITY-ST-ZIP [] (nange Addition TITLE [] Detete TITLE MANEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition [] Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7(P 12. Thereby certify that the information supplie 1 with this filling does not qualify for the exemption stated in Section 1.9 07(3)(i). Florida Statutes 1 unther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 1:gall effect as if made under oath; that the information of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Elock 10 or Block 11 changed, or on an attachment with an addless, with all other like appowered.

FILED



10225 Heather Glen Drive Jacksonville, FI 32256

WILLIAM H. GRANT, JR. (Of counsel) WILLIAM H. GRANT, III

TELEPHONE: (904) 363-1778

September 5, 2005

Secretary of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs,

Please find enclosed a copy of the renewal application for corporation that was mailed to you in July, 2005. At that time we submitted our check in the amount of \$150.00 which has cleared our account. Our office relocated last October and apparently the application was not forwarded to our new address and was never received by us.

The report and check have been received by you and it is our understanding that the only information needed is this letter of clarification as to why the report was not timely filed.

Please contact us if additional information is necessary.

William H. Grant, III

WHG/yw