2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am **Secretary of State** DOCUMENT_# P96000099949 1. Entity Name 05-01-2006 90445 031 ***150.00 GRACEWOOD MANAGEMENT COMPANY Principal Place of Business Mailing Address **1626 90TH AVENUE** P.O. BOX 370 VERO BEACH FL 32961 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0711551 Not Applicable Country Country Zip Zip \$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 Name LUTHER, JOHN M. Street Address (P.O. Box Number is Not Acceptable) **1626 90TH AVENUE** VERO BEACH FL 32966 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 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 registating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. S/T PD ☐ Change ★★ Addition TITLE ☐ Delete TITLE NEWMAN, PAUL A. 1626 - 90th Avenue LUTHER, JOHN M NAME NAME STREET ADDRESS STREET ADDRESS 1626 90TH AVENUE CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP Vero Beach, FL 32966 CD **■** Delete TITLE TITLE xxx Change ☐ Addition NAME NAME RICHARDSON, DANFORTH K RICHARDSON, DANFORTH K. STREET ADDRESS 1855 - 28TH AVE STREET ADDRESS 1035 St. James Circle Vero Beach,FL 32967 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 X Xelete TITLE Change □ Addition TITLE ST NAME NAME RUST, GARY M STREET ADDRESS STREET ADDRESS 405-33RD AVE SW CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 TITLE ATS ☐ Detete Change ■ Addition PEREZ, TOMAS R 2019 CORTEZ AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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Daytime Phone #

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 impaddress, with all other like empowered. 772-567-1151 PRES April 21,2006 Ext.8233 SIGNATURE:

AND TYPE DOB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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