


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90021 043 ***150.00

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|---|---|
| DOCUMENT # P96000099949 |  |
| 1. Entity Name GRACEWOOD MANAGEMENT COMPANY | |

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| Principal Place of Business 1626 90TH AVENUE VERO BEACH FL 32966 | Mailing Address P.O. BOX 370 VERO BEACH FL 32961 |
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|---|--------------------------|
| 2. Principal Place of Business - No P.O. Box # 21 Royal Palm Pointe | 3. Mailing Address |
| Suite, Apt. #, etc. Suite 201 | Suite, Apt. #, etc. |
| City & State Vero Beach, FL 32960 | City & State |
| Zip 32960 | Country U.S.A. |

1st MOORE CR2E034 (10/06)

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|--|--|
| 4. FEI Number 65-0711551 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LUTHER, JOHN M 1626 90TH AVENUE VERO BEACH FL 32966 Suite 201 Vero Beach, FL 32960 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUTHER, JOHN M 1626 90TH AVENUE VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUTHER, JOHN M. 555 South Ala Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD RICHARDSON, DANFORTH K 1035 ST JAMES CIR VERO BEACH FL 32967 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATS PEREZ, TOMAS R 2019 CORTEZ AVE VERO BEACH FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NEWMAN, PAUL A 1626 90TH AVE VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NEWMAN, PAUL A 21 Royal Palm Pointe - Suite 201 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: *John M. Luther*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John M. Luther, President

April 16th, 2007 772-567-1151

Date Daytime Phone #