


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P97000069560	
<b>1. Entity Name</b> GRANT'S TROPHIES, INC.	

<b>Principal Place of Business</b> 3941 NW 100TH STREET OCALA, FL 34482	<b>Mailing Address</b> 3941 NW 100TH STREET OCALA, FL 34482
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03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 62-1535698	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GRANT, RONALD W 3941 N.W. 100TH STREET OCALA, FL 34482	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<p>U000000728181 05/07/07-800006-022 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, RON 3941 N.W. 100TH STREET OCALA, FL 34482	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S GRANT, HILDA F 3941 N.W. 100TH STREET OCALA, FL 34482	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		

**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:** Ronald W. Grant **RONALD W. GRANT** **4-23-07** **352-690-6001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #