


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90207 005 ***150.00

DOCUMENT # P97000071580	
1. Entity Name RUSSELL GRANT & ASSOCIATES, INC.	

Principal Place of Business 2435 RIDGEWIND WAY A3 WINDERMERE FL 34786	Mailing Address 2435 RIDGEWIND WAY A3 WINDERMERE FL 34786
---	---



2. Principal Place of Business - No P.O. Box # 2435 RIDGEWIND WAY	3. Mailing Address 2435 RIDGEWIND WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State WINDERMERE FL	City & State WINDERMERE FL
Zip 34786	Country USA
Country USA	Zip 34786

4. FEI Number 59-3455148	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 GRANT, RUSSELL T 2435 RIDGEWOOD WAY A3 WINDERMERE FL 34786
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2435 RIDGEWOOD WAY City WINDERMERE FL Zip Code 34786

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 _____

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
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D GRANT, RUSSELL T 2435 RIDGEWOOD WAY WINDERMERE FL 34786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D GRANT, ROBIN T 2435 RIDGEWOOD WAY WINDERMERE FL 34786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2435 RIDGEWOOD WAY WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2435 RIDGEWOOD WAY WINDERMERE, FL 34786	
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"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:  **4-16-07 407 616 688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #