2008 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Feb 21, 2008 8:00 am Secretary of State				
DOCUMENT # P97000097684 1. Entity Name GRACE HOLDING COMPANY, INC.							2008 90028			
Principal Place of BusinessMailing Address10851 S OCEAN DRPO BOX 6099STE 151JENSEN BEACH, FL 34957JENSEN BEACH, FL 34957US				US			noith a naith an in an iar an) (ANSA BIJAN (ASA) ASA	I MARIN I I FAMAR	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt.		Suite, Apt. #, etc.			02162008	Chg-P	CR2	E034 (12/06)		
City & Stati	6	City & State		4. FEI Number Applied For 65-0873506 Not Applicable			···· -			
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Peer Required					
6. Name and Address of Current Registered Agent COWAL, EDWARD R 10851 S. OCEAN DR. STE 151				Name (
JENSEN BEACH, FL 34957				3792 ^{City} Jer	iseh	cean Beac	Bivd. h F	#⊋/. L ^{Zip Cod}	4 957	
	named entity submits this statement for the ions of registered agent. Elward R. Cowol Signature. typed or primed name of registered agent and t	/	2	ed office or regis	-l-	, in the Stat	e of Florida. 1 a	m familiar with, 16 0 =	and accept	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campai Trust Fund Contr	•	~ _ Ŧ	5.00 May Be Ided to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P COWAL, CAROL 3792 NE OCEAN BLVD., #214 JENSEN BEACH, FL 34957	ECTORS		E I	ADDITIONS	CHANGES T	O OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME Street address City-st-zip	RAMSEY, WILLIAM 1215 CHARLOTTE ST		TITLI NAM STRE	E				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Detets COWAL, CAROL L 3792 NW OCEAN BLVD, #214 JENSEN BEACH, FL 34957					-		Change	Addition	
TITLE NAME Street address City-st-zip	S RAMSEY, BILL 1215 CHARLOTTE ST JENSEN BEACH, FL 34957	Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		·				Change	Addition	
indicated of the cor	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that n red to execute this report	ny signa as requi	ture shall have th ired by Chapter 6	e same legal effe 07, Florida Statut	ct as if made es; and that m	under oath: that	I am an officer	or director	
SIGNAT		LOWAL		ro/lou	al, Pres	ident	- /16/08	772 20 Daytime Phone	25-04/6	
