

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90330 046 \*\*\*150.00

**50037905**



03132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000101664</b> 1. Entity Name <b>FR GRANT CONSULTING, INC.</b>			
Principal Place of Business <b>1500 EAST HAWTHORNE CIRCLE HOLLYWOOD, FL 33021</b>		Mailing Address <b>1500 EAST HAWTHORNE CIRCLE HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business <b>601 N CONGRESS AVE</b> Suite, Apt. #, etc. <b>425</b>		3. Mailing Address <b>601 N CONGRESS AVE</b> Suite, Apt. #, etc. <b>425</b>	
City & State <b>DELRAY BEACH FL</b> Zip <b>33445</b> Country <b>USA</b>		City & State <b>DELRAY BEACH FL</b> Zip <b>33445</b> Country <b>USA</b>	
4. FEI Number <b>65-0802083</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRANT, FREDERICK R 1500 E HAWTHORNE CIR HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>601 N CONGRESS AVE</b> City <b>DELRAY BEACH</b> State <b>FL</b> Zip Code <b>33445</b>	
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 _____ DATE <b>4/13/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSTD</b> NAME <b>GRANT, FREDERICK R</b> STREET ADDRESS <b>1500 EAST HAWTHORNE CIRCLE</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete	TITLE <b>601 N CONGRESS AVE</b> NAME <b>DELRAY BEACH FL</b> STREET ADDRESS <b>33445</b> CITY-ST-ZIP <b>33445</b>	<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
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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 exemption stated in Section 119.07(3)(i), 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 697, 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.			
<b>SIGNATURE:</b> _____		DATE <b>4/13/05</b> Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			