


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 007 ***150.00

DOCUMENT # P98000009720

1. Entity Name
THE GRAPE ESCAPE FRANCHISE CORPORATION



Principal Place of Business
**912 SE 46TH LN
 CAPE CORAL, FL 33904**

Mailing Address
**912 SE 46TH LN
 CAPE CORAL, FL 33904**

40055144

2. Principal Place of Business - No P.O. Box #
926 S.W. 47th ST
 Suite, Apt. #, etc.

3. Mailing Address
926 S.W. 47th ST
 Suite, Apt. #, etc.



01102007 Chg-P CR2E034 (12/06)

City & State
Cape Coral / FL

City & State
Cape Coral / FL

Zip
33914 Country
US

Zip
33914 Country
US

4. FEI Number
65-0836768

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETTIT, JULIE
4711 SE 15TH AVE.
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
Pettit Julie

Street Address (P.O. Box Number is Not Acceptable)
926 SW 47th St.

City
Cape Coral FL 33914

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: **Julie M. Pettit** DATE: **4-2-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PETTIT, JULIE 926 SW 47TH ST CAPE CORAL, FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETTIT, DANIEL 926 SW 47TH ST CAPE CORAL, FL 33914 <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
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 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
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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 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: **Julie M. Pettit** Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR