2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080587

1. Entity Name
GRANTS OF NAPLES, INC.

Principal Place of Business	Mailing Address
591 NEAPOLITAN LANE NAPLES, FL 34103	591 NEAPOLITAN LANE NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

04162007   No Chg-P   CR2E034 (11/05)

4. FEI Number
55-0698836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, MARY K
591 NEAPOLITAN LANE
NAPLES, FL 34103

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

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
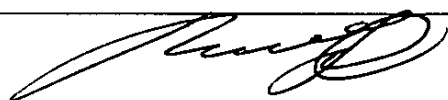
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANT, MARY K
STREET ADDRESS	591 NEAPOLITAN LANE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	GRANT, RUSSELL J
STREET ADDRESS	591 NEAPOLITAN LANE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80095-012 150.00

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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: _DIRECTOR - Russell J Grant_   _4-16-07_   _239-649-4032_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #