

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90107 004 ***150.00

DOCUMENT # P99000014664					
1. Entity Name GRANGER DEVELOPMENT & BROKERAGE SERVICES, INC.					
Principal Place of Business 226 PALAFOX ST STE 101A PENSACOLA, FL 32502			Mailing Address 226 PALAFOX ST STE 101A PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box # 1101 N. 9th Ave		3. Mailing Address 1101 N. 9th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-3558692	
Zip 32501		Country USA		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 GRANGER, KENNETH EDWIN III 226 S PALAFOX ST STE 101A PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name: Granger, Kenneth Edwin III Street Address (P.O. Box Number is Not Acceptable): 1101 N. 9th Ave. City: Pensacola FL Zip Code: 32501		
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: Kenneth E. Granger III DATE: 2/1/07					
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GRANGER, KENNETH E III STREET ADDRESS 226 S PALAFOX ST STE 101A CITY-ST-ZIP PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE President NAME Granger Kenneth E III STREET ADDRESS 1101 N. 9th Ave. CITY-ST-ZIP Pensacola, FL 32501	<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	
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	
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 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: 1/30/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40015213



01292007 Chg-P CR2E034 (12/06)