


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S70964
 1. Entity Name
GRANT MOUNTAIN PROPERTIES CORPORATION



Principal Place of Business Mailing Address
3443 MELLONVILLE AVE. **3443 MELLONVILLE AVE.**
SANFORD FL 32773 **SANFORD FL 32773**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3076782 Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GRANT, RANDALL E.
3443 MELLONVILLE AVE.
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **GRANT, RANDALL E.**
 STREET ADDRESS **3443 MELLONVILLE AVE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE Delete
 NAME **GRANT, DEBORAH ANN**
 STREET ADDRESS **3443 MELLONVILLE AVE.**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE Delete
 NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Add
 NAME
 STREET ADDRESS **U00000428468**
 CITY-ST-ZIP **02/21/06-80049-009 150.00**

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 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other like empowered.

SIGNATURE _____ **407**
2-16-2006 322-4103