


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

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| DOCUMENT # S78686 1. Entity Name GRAND CENTRAL COMMERCIAL REAL ESTATE, INC. |  |
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| Principal Place of Business 4905 W LAUREL STREET STE 200 TAMPA, FL 33607 | Mailing Address 4905 W LAUREL STREET STE 200 TAMPA, FL 33607 |
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3077556 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000085569 03/11/04-80052-025 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTSP WILSON, KAREN G. 10104 HAMPTON PLACE TAMPA, FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINTA, STACY L 214 W 96TH STREET NEW YORK, NY 10025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, ANGELA G 4770 HEDGEWOOD DRIVE TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07(3))(), 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: Grace G. Giunta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #