2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90049 007 ***150.00

DOCUMENT # S93794

1. Entity Name
THE GRACE COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1000 SAVAGE COURT SUITE 207 LONGWOOD, FL 32750 US	1000 SAVAGE COURT SUITE 207 LONGWOOD, FL 32750 US

400100020

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
585 S. Ronald Reagan Blvd		585 S. Ronald Reagan Blvd	
Suite, Apt. #, etc.: Suite 121		Suite, Apt. #, etc.: Suite 121	
City & State: Longwood, FLA		City & State: Longwood, FLA	
Zip: 32750	Country: USA	Zip: 32750	Country: USA

4. FEI Number: 59-3094682 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMBRIDGE, LAWRENCE H.
1000 SAVAGE COURT
SUITE 207
LONGWOOD, FL 32750

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 Lawrence H Cambridge President 4/25/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMBRIDGE, LAWRENCE H. 1000 SAVAGE COURT #207 LONGWOOD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Lawrence H Cambridge 4/25/07 407-339-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #