

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35631

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: GRANT HEMOND & ASSOCIATES, INC.

## Current Principal Place of Business:

1630 PENNSYLVANIA AVE  
PALM HARBOR, FL 34683 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 594  
PALM HARBOR, FL 34682 US

## New Mailing Address:

FEI Number: 59-3124693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEMOND, GRANT  
1705 PENNSYLVANIA AVE  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HEMOND, GRANT  
Address: 1705 PENNSYLVANIA AVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: V ( ) Delete  
Name: HEMOND, STACY E  
Address: 1705 PENNSYLVANIA AVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete  
Name: SNOW, PAMELA L  
Address: 8835 LINEBROOK DRIVE  
City-St-Zip: TRINITY, FL 34655

Title: V ( ) Delete  
Name: DECKER, DOUGLAS S  
Address: 1519 FLATWOOD COURT  
City-St-Zip: TRINITY, FL 34655

Title: T (X) Delete  
Name: RUSCIO, JAIME M  
Address: 6615 ADAMS STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: KNOLL, KRISTEN  
Address: 3006 CATHERINE DRIVE  
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY E. HEMOND

VP

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date