2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# V35631

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: T ( ) Delete
Name: HEMOND, JOYCE
Address: 263 FLORIDA AVENUE
City-St-Zip: DUNEDIN, FL 34698

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 03/24/2009

Electronic Signature of Signing Officer or Director Date