


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 625619
 1. Entity Name
GRANT-ALLAN ENTERPRISES, INC.



Principal Place of Business PO BOX 2881 ST PETERSBURG, FL 33731	Mailing Address P O BOX 2881 ST PETERSBURG, FL 33731-2887
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1919043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, M TIMOTHY
 100 2ND AVE S #600
 SAINT PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALLAN, RUSSELL PO BOX 2881 ST PETERSBURG, FL 337312881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLAN, WILLIAM PO BOX 2881 ST PETERSBURG, FL 33731
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 03/18/04-80037-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **3/10/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #