


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 625619 1. Entity Name GRANT-ALLAN ENTERPRISES, INC.	
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FILED
Aug 04, 2008 08:00 AM
Secretary of State

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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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1919043	Applied For <input type="checkbox"/> 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

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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 _____ DATE _____

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ALLAN, CORRINE A
STREET ADDRESS	PO BOX 2881
CITY-ST-ZIP	ST PETERBURGS, FL 337312881
TITLE	VP
NAME	ALLAN, WILLIAM D
STREET ADDRESS	PO BOX 2881
CITY-ST-ZIP	ST PETERSBURG, FL 33731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: *Tim Farrell* Date: July 23/08 Daytime Phone #: 727-821-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR