## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 628408**

FILED Apr 03, 2009 Secretary of State

Entity Name: TRUE GRIT ABRASIVES, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
25 N 50T AMPA, F		JS		
urrent N	lailing Addre	ess:	New Mailing Addres	ss:
25 N 50T AMPA, F		JS		
El Number	: 59-1922411	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
038 GRI	ON, ARTHUR EGORY DRIV	E		
'AMPA, F	E 33613 L	JS		
he above			purpose of changing its registere	ed office or registered agent, or both,
he above the Stat	e named entity e of Florida. RE:	v submits this statement for the		
the above the Stat	e named entity e of Florida. RE: Electro	onic Signature of Registered A		ed office or registered agent, or both,  Date
he above the Stat	e named entity e of Florida. RE: Electro	v submits this statement for the	gent	
he above the Stat SIGNATU	e named entity e of Florida. RE: Electro	onic Signature of Registered Acong Trust Fund Contribution ( ).	gent	
he above the Stat IGNATU	e named entity e of Florida.  RE: Electro mpaign Financi S AND DIREC	v submits this statement for the point Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete  ARTHUR PRES.	gent	Date
he above the Stat GNATU  Jection Ca  DFFICER  itle: ame: ddress:	e named entity e of Florida.  RE: Electro  mpaign Financi  S AND DIREC  PRES ( THORNTON, 625 N 50TH S TAMPA, FL 3 CHIR (	v submits this statement for the poinc Signature of Registered Ageng Trust Fund Contribution ( ).  CTORS:  ) Delete ARTHUR PRES. ST 3619 US  ) Delete ARD CHAIRMA STREET	gent  ADDITIONS/CHANG  Title:  Name:  Address:	Date BES TO OFFICERS AND DIRECTO

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: ARTHUR THORNTON PRES 04/03/2009