


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90140 034 \*\*\*158.75

**DOCUMENT # P07000114830**

1. Entity Name  
**DAYTON-GRANGER, INC.**



Principal Place of Business      Mailing Address  
**3299 SW 9TH AVE**      **3299 SW 9TH AVE**  
**FT LAUDERDALE, FL 33315-3026**      **FT LAUDERDALE, FL 33315-3026**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40093444



02272008      Chg-P      CR2E034 (12/06)

4. FEI Number  
**59-1926443**      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLINE, GIBBONS D**  
**3299 SW 9TH AVE**  
**FT LAUDERDALE, FL 33315-3026**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>PD</b> <b>CLINE, GIBBONS D</b> <b>3299 SW 9TH AVE</b> <b>FT LAUDERDALE, FL 333153026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/PRESIDENT</b> <b>CLINE, GIBBONS D</b> <b>3299 SW 9TH AVE</b> <b>FT LAUDERDALE FL 33315 3026</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/VICE PRESIDENT</b> <b>CLINE, SIGRUM U.</b> <b>3299 SW 9TH AVE</b> <b>FT LAUDERDALE FL 333153026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/MARKETING</b> <b>CLINE, GIBBONS D, JR</b> <b>3299 SW 9TH AVE</b> <b>FT LAUDERDALE FL 333153026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/SECRETARY AND TREASURER</b> <b>CLINE KRISTIN R.</b> <b>3299 SW 9TH AVE</b> <b>FT LAUDERDALE FL 33315 3026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 order or other document empowered.

SIGNATURE:  **GIBBONS D. CLINE**      3/20/08      954-463-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Mr 3/20/08

# ATTACHMENT

## 11) Additions/Changes to Officers

Director/President  
Cline, Gibbons D.  
3299 SW 9th Ave.  
Ft. Lauderdale, FL 333153026

40093441  
#PO7000114830

Director/Vice-President  
Cline, Sigrun U.  
3299 SW 9th Ave.  
Ft. Lauderdale, FL 333153026

Director/Marketing  
Cline, Gibbons D., Jr.  
3299 SW 9th Ave.  
Ft. Lauderdale, FL 333153026

Director/Secretary/Treasurer  
Cline, Kristin K.  
3299 SW 9th Ave.  
Ft. Lauderdale, FL 333153026