

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90077 023 \*\*\*150.00

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<b>DOCUMENT # P96000065724</b> 1. Entity Name <b>GRINDLE MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>1655 EAST SEMORAN BOULEVARD SUITE 31 APOPKA, FL 32703 US</b>			Mailing Address <b>P O BOX 160789 ALTAMONTE SPRINGS, FL 32716</b>		
2. Principal Place of Business <b>764 Parkside Pointe Blvd</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Apopka, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-3394423</b>	
Zip <b>32712</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRINDLE, ARTHUR E 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>764 Parkside Pointe Blvd</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32703</b>	
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: <b>1/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>GRINDLE, ARTHUR E 204 LIVE OAK LANE ATLAMONTE SPRINGS, FL 32714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>764 Parkside Pointe Blvd Apopka, FL 32703</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Delete <b>GRINDLE, PHYLLIS A 204 LIVE OAK LANE ATLAMONTE SPRINGS, FL 32714</b>		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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, for all other like empowered.					
SIGNATURE:			<b>1/26/05 4076787113</b> <small>Date Daytime Phone #</small>		