2006 FOR PROFIT CORPORATION

Feb 02, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P96000065724** 02-02-2006 90029 021 ***150.00 GRINDLE MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 764 PARKSIDE POINTE BOULEVARD P 0 BOX 160789 APOPKA, FL 32712 US ALTAMONTE SPRINGS, FL 32716 2. Principal Place of Business Suite, Apt. #, etc. 01262006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3394423 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRINDLE, ARTHUR E Street Address (P.O. Box Number is Not Acceptable) 764 PARKSIDE POINTE BOULEVARD APOPKA, FL 32703 City 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 Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRINDLE, ARTHUR E NAME STREET ADDRESS 764 PARKSIDE POINTE BOULEVARD STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP Change IIILE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change IIILE TITLE ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

Delete

SIGNATURE: L

STREET ADDRESS

CITY-ST-71P

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

te of Bigning Officer OR DIRECTOR DEED SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

FILED