

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 043 ***150.00

DOCUMENT # 282237

1. Entity Name

SOUTH FLORIDA GRASSING INC



Principal Place of Business

P.O. DRAWER 725
900 INDIAN RIVER DR
HOBE SOUND FL 33475-0725

Mailing Address

P.O. DRAWER 725
900 INDIAN RIVER DR
HOBE SOUND FL 33475-0725



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

4. FEI Number

59-1092907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE JR, HOMER C
900 INDIAN RIVER DRIVE
HOBE SOUND FL 33455**

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

[Signature]

Homer C Greene Jr. PD

(NOTE: Registered Agent Signature Required on Registrations)

4/22/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GREENE, HOMER C JR.
STREET ADDRESS 900 INDIAN RIVER ROAD
CITY-ST-ZIP HOBE SOUND FL

TITLE Director ☐ Change ☒ Addition
NAME Burkett, William
STREET ADDRESS 9676 159th Ct N
CITY-ST-ZIP Jupiter, FL 33478

TITLE D ☐ Delete
NAME SWIFT, MAUREEN
STREET ADDRESS 4580 S.E. BRIDGE ROAD
CITY-ST-ZIP HOBE SOUND FL

TITLE Director ☐ Change ☒ Addition
NAME Greene, Homer C III
STREET ADDRESS 4580 SE Bridge Road
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Homer C Greene Jr.

4/22/08

DATE

72546-4191

DAYPHONE/FAX #