

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90036 002 ***150.00

DOCUMENT # 358681

1. Entity Name

GRIMES HOLDINGS, INC.



Principal Place of Business

Mailing Address

~~05-08-ST-NO~~
~~PO BOX 14278~~
~~ST PETERSBURG FL 33733~~

PO BOX 14278
ST PETERSBURG FL 33733
US



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

3. Mailing Address

2408 Sunset Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

St Pete Beach FL

Zip

Country

33706

143A

4. FEI Number 59-1280993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMES, A GENE

~~05-08-ST-NO~~

~~SAINT PETERSBURG FL 33710~~

Name

SAMIE

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

2408 Sunset Way

St Pete Beach

FL

33706

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, typed or printed name of registered agent and fee filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

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	PTDS	<input type="checkbox"/> Delete
NAME	GRIMES, A GENE	
STREET ADDRESS	P O BOX 14278	
CITY- ST- ZIP	ST PETERSBURG FL 33733	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

A Gene Grimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

727-363-8200

Date

Daytime From