

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 647796

1. Entity Name
SAUL GRIMES & ASSOCIATES, INC.



Principal Place of Business
911 W. OAKLAND AVE.
P.O. BOX 175
OAKLAND, FL 34760-0175

Mailing Address
P.O. BOX 175
OAKLAND, FL 34760-0175

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1955194	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRIMES, SAUL
880 TILDENVILLE SCHOOL RD.
WINTER GARDEN, FL 34787

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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: *Saul Grimes* **SAUL GRIMES** 11/4/05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIMES, SAUL
STREET ADDRESS	911 W, OAKLAND AVE.
CITY ST ZIP	OAKLAND, FL 34760

TITLE	STD
NAME	GRIMES, ANN
STREET ADDRESS	911 W, OAKLAND AVE.
CITY ST ZIP	OAKLAND, FL 34760

TITLE	DVP
NAME	GRIMES, STEVEN
STREET ADDRESS	911 W, OAKLAND AVE
CITY ST ZIP	OAKLAND, FL 34760

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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TITLE	
NAME	
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CITY ST ZIP	

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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 address with all other like empowered.

SIGNATURE: *Saul Grimes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/05 (407) 656-7771
Date Daytime Phone #