

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 647796

FILED
Jan 30, 2009
Secretary of State

Entity Name: SAUL GRIMES & ASSOCIATES, INC.

Current Principal Place of Business:

911 W. OAKLAND AVE.
OAKLAND, FL 347600175

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 175
OAKLAND, FL 347600175

New Mailing Address:

FEI Number: 59-1955194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIMES, SAUL,
Address: 911 W. OAKLAND AVE.
City-St-Zip: OAKLAND, FL 34760

Title: STD () Delete
Name: GRIMES, ANN,
Address: 911 W. OAKLAND AVE.
City-St-Zip: OAKLAND, FL 34760

Title: DVP () Delete
Name: GRIMES, STEVEN
Address: 911 W. OAKLAND AVE
City-St-Zip: OAKLAND, FL 34760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUL GRIMES

PD

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date