

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F04000005337

1. Entity Name
DAVE GRUNDFEST COMPANY



Principal Place of Business
**1221 WEST PARK DR
LITTLE ROCK, AR 72204**

Mailing Address
**1221 WEST PARK DR
LITTLE ROCK, AR 72204**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0726386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

11000000911025

05/07/08-80024-013 150:00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GRUNDFEST, DAVE III
STREET ADDRESS	1221 WEST PARK DR
CITY-ST-ZIP	LITTLE ROCK, AR 72204
TITLE	VCST
NAME	GRUNDFEST, STACY
STREET ADDRESS	1221 WEST PARK DRIVE
CITY-ST-ZIP	LITTLE ROCK, AR 72204
TITLE	V
NAME	MCNEIL, JEFFREY
STREET ADDRESS	1221 WEST PARK DR
CITY-ST-ZIP	LITTLE ROCK, AR 72204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #