

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # G77925

1. Entity Name
GROSVENOR BUILDING SERVICES, INC.



Principal Place of Business
**3398 PARKWAY CENTER CT.
ORLANDO, FL 32808**

Mailing Address
**3398 PARKWAY CENTER CT.
ORLANDO, FL 32808**

DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2363375

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MC CAULEY, RITA
805 EUCLID AVE
ORLANDO, FL 32801**

**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 *Rita Mc Cauley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-08

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**

**000000888649
04/22/08 80620 023 150.75**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MCCAULEY, RITA T
STREET ADDRESS	805 EUCLID AV
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VS
NAME	MCCAULEY, RITA M
STREET ADDRESS	805 EUCLID AV
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	MCCAULEY, BERNARD
STREET ADDRESS	805 EUCLID AVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	MCCAULEY, DESMOND
STREET ADDRESS	805 EUCLID AV
CITY-ST-ZIP	ORLANDO, FL 32801
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:

Rita Mc Cauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/08 407
292-3383**
Date Daytime Phone #