

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

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| DOCUMENT # H44849 1. Entity Name T. N. GRASSING, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6523 HOFFNER AVE ORLANDO, FL 32822 | | | Mailing Address 6523 HOFFNER AVE ORLANDO, FL 32822 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 59-2515450 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent FOSHEE, THUONG N. 5448 HOFFNER AVE. STE 306 ORLANDO, FL 32812 | | | | 7. Name and Address of New Registered Agent Name: Foshee, Thuong N. Street Address (P.O. Box Number is Not Acceptable) 6523 Hoffner Ave City Orlando FL Zip Code 32822 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. Thuong N. Foshee SIGNATURE: 2/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P <input type="checkbox"/> Delete</td> <td style="width: 30%;">NAME</td> <td style="width: 10%;">FOSHEE, THUONG N.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3802 QUANDO DRIVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>ORLANDO, FL</td> </tr> </table> | | | TITLE | P <input type="checkbox"/> Delete | NAME | FOSHEE, THUONG N. | STREET ADDRESS | | | 3802 QUANDO DRIVE | CITY - ST - ZIP | | | ORLANDO, FL | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;">NAME</td> <td style="width: 10%;"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> | | | TITLE | | NAME | | STREET ADDRESS | | | | CITY - ST - ZIP | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: | | | 2/14/05 | | 407-277-0484 | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thuong N. Foshee | | | Date | | Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | |

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01282005 Chg-P CR2E034 (10/03)