

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53159

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: GRIMSLEY, CAVIN & COMPANY, P.A.

## Current Principal Place of Business:

4243 LAFAYETTE ST  
P. O. BOX 220  
MARIANNA, FL 324470220 US

## New Principal Place of Business:

4243 LAFAYETTE ST  
MARIANNA, FL 32446 US

## Current Mailing Address:

% DALE L. CAVIN  
P. O. BOX 220  
MARIANNA, FL 324470220

## New Mailing Address:

FEI Number: 59-2925462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAVIN, DALE L  
4243 LAFAYETTE ST  
MARIANNA, FL 32446 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: DVS ( ) Delete  
Name: CAVIN, DALE L  
Address: 5098 OLD HICKORY CL.  
City-St-Zip: MARIANNA, FL

Title: DPT ( ) Delete  
Name: GRIMSLEY, OWEN W  
Address: COUNTRY CLUB ESTATES  
City-St-Zip: MARIANNA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DALE L CAVIN

VP

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date