## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 25, 2008 08:00 AN Secretary of State DOCUMENT # M75522 1. Entity Name DEBŘA J. GRILL, P.A. Principal Place of Business Mailing Address 204 NAUTILUS STREET **204 NAUTILUS STREET** DUCK KEY DUCK KEY MARATHON, FL 33050 MARATHON, FL 33050 03202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0071619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DEVANE, WILLIAM N DO NOT WRITE C/O DE VANE & DORL P.A. 5701 OVERSEAS HWY, STE 12 IN THIS SPACE MARATHON, FL 33050 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000869292 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 04/09/08-80043-007 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME GRILL, DEBRA J STREET ADDRESS 204 NAUTILUS STREET CITY+ST-ZIP MARATHON, FL 33050 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER RECTOR

3-24-08