## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCU	MENT # P00000015	070			Secre	tary of Sta	
<ol> <li>Entity Nar ARNETT</li> </ol>	ne 'S GRADING & LANDSCAPII						
Principal Plac	ce of Business	Mailing Address				•	
2671 CRABTREE CHURCH ROAD 2671 CRABTREE CHURCH ROA MOLINO, FL 32577 MOLINO, FL 32577			ROAD				
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1 PM 1				62-1805179		Not Applicable	
<b>建设</b>	hard the same of t			5. Certificate of Status D		8.75 Additional ee Required	
	6. Name and Address of Current R	egistered Agent	16.	The state of the s	BULTAR	ACCOMPANY	
ARNETT,				้ คดไปด้า	WRITE		
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8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its reg	istered office or register	ed agent, or both, in the St	ate of Florida. I am fa	miliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Re-	gistered Agent signature required	when reinstating)	DATE		
•							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign I Trust Fund Contribu		00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS				A CANADA TO	
TITLE NAME	ARNETT, CHAD E						
STREET ADDRESS CITY-ST-ZIP	2671 CRABTREE CHURCH RD MOLINO, FL 32577			V ne v	000000944420 0700100622	hae ien an	
TITLE	MOLINO, FL 32377						
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NAME			■ (3.515.3) 9.0% - 7	50000000000000000000000000000000000000	CHALL STORY CARLOTTE Service	and the state of the latter of	

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:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

(%))587-5802