

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000039196

1. Entity Name
GRIMSLEY INTERNATIONAL, INC.



Principal Place of Business
**1511 N.E. 12TH ST
HOMESTEAD, FL 33033**

Mailing Address
**1511 N.E. 12TH ST
HOMESTEAD, FL 33033**



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1004679

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**GRIMSLEY, DONALD H
1511 NE 12 STREET
HOMESTEAD, FL 33033**

**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 *Donald H Grimsley* **Donald H Grimsley** *Apr. 6 2007*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000697973
04/18/07-80062-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIMSLEY, BARBARA
STREET ADDRESS	1511 N.E. 12TH ST
CITY-ST-ZIP	HOMESTEAD, FL 33033

TITLE	S
NAME	GRIMSLEY, DONALD
STREET ADDRESS	1511 N.E. 12TH ST
CITY-ST-ZIP	HOMESTEAD, FL 33033

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Barbara Grimsley* **Barbara Grimsley** *4-6-07* *305 245 9878*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #