


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
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
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01302008 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIMSLEY, DONALD H 1511 NE 12 STREET HOMESTEAD, FL 33033

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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 <i>Donald H Grimsley</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>04/02/08</i> <small>(NOTE: Registered agent signature required when reappointing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<i>04/02/08-2008-021 150.00</i>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMSLEY, BARBARA 1511 N.E. 12TH ST HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMSLEY, DONALD 1511 N.E. 12TH ST HOMESTEAD, FL 33033
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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: <i>Barbara J Grimsley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4-8-08</i> <small>Daytime Phone # <i>305-245 9878</i></small>