FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P00000039196

1. Corporation Name

Grimsley International, Inc.

Principal Place of Business
33033

FILED May 30, 2003 8:00 am Secretary of State

05-30-2003 90093 011 ***150.00

	33033									
						DO NOT WRITE IN	THIS	SDACE		
						3. Date Incorporated or Qualifed	i inio		-	
:						or pare morporated or against				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		$-\Gamma$	App	lied For
21		26				65 3 1004679		-	, ``	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						1		\$8.	75 A	ditional
22 27						5. Certificate of Status Desired		Fe	e Req	uired
City & State City & State						6. Election Campaign Financing		\$5.	۸ 00	/lay Be
23		28	Country			Trust Fund Contribution				Fees
Zip	Country Zip 29 30			1		8. This corporation owes the current year Intangible				
24 25 29 29 3. Name and Address of Current Registered Agent						Personal Property Tax. Yes No				
-	9. Name and Address of Curre	nt Registered Agent	81	N:	ame	10. Name and Address of New Regis	tered A	gent		
			01	'''	airic					
	Tice, James E.		82	St	treet Addre	ss (P.O. Box Number is Not Acceptable)				
	16220 SW 280th	Street	83	-						
	HOMESTEAD, Flor	ida 33031	63							
4	4		84	Ci	ity		FL	85	Zip Co	ode
44 Durayant	to the provisions of Edutions 607.05	02 and 607 1509. Florida Statuta	s the above	0.00	mod corpo	ration submits this statement for the purpo	<u> </u>	banain	a ita s	aistored
office or r	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by	the o	corporation	n's board of directors. I hereby accept the	appoint	tment a	ıs regi	stered
	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes	•						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered Ager	nt eign:	atura required y	when reinstating) DA	TE			
12.		ND DIRECTORS	13.	it signi	attite requires t	ADDITIONS/CHANGES TO OFFICER		DIRE	CTOR	S IN 12
TITLE .	Pres	☐ DELETE	1.1 TITLE					Cha		Addition
NAME	Barbara Grimsle	17	1.2 NAME					_	•	_
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	Homestead, Flor		1.4 CITY-S							
TITLE	Secy	DELETE □ DELETE	2.1 TITLE	1-21	-+			☐ Chat	nge	Addition
NAME			2.2 NAME		-			_	-	
STREET ADDRESS	Donald Gransley			ADDF	RESS					
CITY-ST-ZIP	1511 NE 12th STreet Homestead, Florida 33033			T-ZIP			•			
TITLE	-nomeateau, -rior	Tas 33033 DELETE	3.1 TITLE					☐ Char	nge	Addition
NAME			3.2 NAME		l					_ }
STREET ADDRESS	,		3.3 STREET	ADDR	RESS					
CITY- ST-ZIP	· ·			T-ZIP						
TITLE		☐ DELETE	4.1 TITLE					☐ Chai	nge	Addition
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET	ADDR	RESS	·				1
CITY-ST-ZIP			4.4 CITY-ST							j
TITLE		☐ DELETE	5.1 TITLE					Char	nge	Addition
NAME			5.2 NAME					_		}
STREET ADDRESS		•	5.3 STREET	ADDR	RESS					}
CITY-ST-ZIP			5.4 CITY-ST	r- ZIP						1
TITLE		☐ DELETE	6.1 TITLE		\neg			☐ Char	nge	Addition
NAME			6.2 NAME		İ			_		
STREET ADDRESS			6.3 STREET	ADDR	RESS					
CITY-ST-ZIP	•		6.4 CITY-ST							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

5/24/03

24/9878

DED24 (41/98)