

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 023 ***150.00

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1. Entity Name

GRAZ TRADING CORPORATION



Principal Place of Business

10422 SENEGAL DRIVE
PENSACOLA FL 32534-9780

Mailing Address

PO BOX 234
GONZALEZ FL 32560-0234

2. Principal Place of Business - No P.O. Box #

218 COMASSET CT.

3. Mailing Address

218 COMASSET CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32534

Country

USA

Zip

32534

Country

USA

4. FEI Number

90-0143723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

AMINGER, WALTER
10422 SENEGAL DRIVE
PENSACOLA FL 32534-9780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AMINGER, WALTER
STREET ADDRESS 10422 SENEGAL DRIVE
CITY-ST-ZIP PENSACOLA FL 32534-9780

TITLE D ☐ Delete
NAME AMINGER, MARIA J
STREET ADDRESS 1042 SENEGAL DRIVE
CITY-ST-ZIP PENSACOLA FL 32534-9780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 218 COMASSET CT.
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 218 COMASSET CT.
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Walter Aminger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #