


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000105957 1. Entity Name TRIPLE J GRASSING OF LEE COUNTY, INC.	
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Principal Place of Business 2360 PRINCE STREET FORT MYERS, FL 33916	Mailing Address PO BOX 7258 FORT MYERS, FL 33911-7258
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03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1059043	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 KOLLMANN, PAMELA S 2360 PRINCE STREET FORT MYERS, FL 33916

**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 _____
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, 2005 Fee will be \$550.00

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

U00000262966
03/14/05-80076-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KOLLMANN, PAMELA S 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEASE, ROBERT SR. 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLLMANN, KEVIN 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEASE, ROBERT JR 2360 PRINCE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: Pamela Kollmann 3/9/05 239-337-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pamela Kollmann