

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000030926

1. Entity Name
LARRY TIPPPIE GRADING, INC.



Principal Place of Business

**4360 18TH ST NE
NAPLES, FL 34120**

Mailing Address

**4360 18TH ST NE
NAPLES, FL 34120**



07312005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3707544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TIPPPIE, LARRY
4360 18TH ST NE
NAPLES, FL 34120**

**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
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE P
NAME TIPPPIE, LARRY
STREET ADDRESS 4360 18TH ST NE
CITY-ST-ZIP NAPLES, FL 34120

TITLE V
NAME TIPPPIE, TINA
STREET ADDRESS 4360 18TH ST NE
CITY-ST-ZIP NAPLES, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000375437
08/03/05-80002-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/5
Date

239 641 0742
Daytime Phone #