


2007 FOR PROFIT CORPORATION ANNUAL REPORT (FAR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90018 036 ***150.00

DOCUMENT # P01000050012		
1. Entity Name DIRT DEVIL GRADING SERVICE, INC.		
Principal Place of Business 691 WEBER BLVD. S NAPLES FL 34117		Mailing Address P O BOX 990856 NAPLES FL 34116




2. Principal Place of Business - No P.O. Box # 691 WEBER BLVD S		3. Mailing Address P.O. BOX 990856	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34117	Country USA	Zip 34116	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3744018		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALVAREZ, ENRIQUE 691 WEBER BLVD. S NAPLES FL 31447		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  **ENRIQUE ALVAREZ** **REGISTERED 02/27/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVAREZ, ENRIQUE P O BOX 990856 NAPLES FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **ENRIQUE ALVAREZ** **02/27/07 239-734-1127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR