

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000054249

1. Entity Name

GRID IRON ENDORSEMENTS, INC.



Principal Place of Business

**7800 9TH AVE. S.
ST. PETERSBURG, FL 33707**

Mailing Address

**222 S. CENTRAL
SUITE 1008
SAINT LOUIS, MO 63105**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number

36-4448564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALSTOTT, MICHAEL
7800 9TH AVENUE SOUTH
SAINT PETERSBURG, FL 33707**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME ALSTOTT, MICHAEL
STREET ADDRESS 7800 9TH AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE VPS
NAME HELIGMAN, MARK
STREET ADDRESS 222 S. CENTRAL STE. 1008
CITY-ST-ZIP SAINT LOUIS, MO 63105

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000000524360
05/03/06-80108-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Mark Heligman, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

(314) 862-5560

DATE

Daytime Phone