2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107336

FILED Jan 22, 2009 Secretary of State

Entity Name: GRIMALDI'S SPRINKLER SYSTEMS AND LANDSCAPE DESIGN, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ECANTO HIGHV), FL 34461	VAY		
urrent N	lailing Addres	s:	New Mailing Addres	ss:
	ECANTO HIGHV), FL 34461	VAY		
El Number	: 59-3754122	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
21 W MA	Y, KAREN O NN ST SS,, FL 34450	US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:	ubmits this statement for the place of Registered Ag		ed office or registered agent, or both, Date
the State	e of Florida. RE: Electroni			
the State	e of Florida. RE: Electroni	ic Signature of Registered Ag	ent	
the State	e of Florida. RE: Electroni mpaign Financing S AND DIRECT VP/S ()	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete DRAH L V.PRESI O HIGHWAY	ent	Date
the State IGNATUI Section Car FFICER ttle: ame: ddress:	e of Florida. RE: Electroni mpaign Financing S AND DIRECT VP/S () JARRETT, DEBG 2633 N LECANT LECANTO, FL 3 OFFI ()	ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete DRAH L V.PRESI TO HIGHWAY 34461 Delete EPH R OFFICER TO HIGHWAY	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH JARRETT VP/S 01/22/2009