


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000003484</b> 1. Entity Name <b>GRADECO., INC.</b>	
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Principal Place of Business <b>7202 CHESSWOOD CT. TAMPA, FL 33615</b>	Mailing Address <b>7202 CHESSWOOD CT. TAMPA, FL 33615</b>
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**DO NOT WRITE IN THIS SPACE**

09072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3599485</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>O'BRIEN, THOMAS E JR 7202 CHESSWOOD CT TAMPA, FL 33615</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

UN00000773867  
09/13/07-80002-021 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, THOMAS E JR 7202 CHESSWOOD CT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, ARHTUR F 7202 CHESSWOOD CT. TAMPA, FL 33615
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**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #