

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114002

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** GRANDE CONSTRUCTION OF FLORIDA, INC.

**Current Principal Place of Business:**

5688 NW CROCUS AVE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

5697 NW CROTON AVE  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

5697 N.W. CROTON AVENUE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

5697 NW CROTON AVE  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 32-0037413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLDAKOWSKI, GREG A  
5697 N.W. CROTON AVENUE  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OLDAKOWSKI, GREG A  
Address: 5697 NW CROTON AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD  
Name: OLDAKOWSKI, RONALD G  
Address: 5688 NW CROCUS AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: STD  
Name: OLDAKOWSKI, PAULA  
Address: 5688 NW CROCUS AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: PAULA N. OLDAKOWSKI

STD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date