

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 025 ***150.00

DOCUMENT # P03000007125

1. Entity Name
CYBER GRIND, INC.



Principal Place of Business
**3562 SW 24TH AVE
OCALA, FL 34474**

Mailing Address
**3562 SW 24TH AVE
OCALA, FL 34474**

2. Principal Place of Business
36 S. Magnolia Avenue
Suite, Apt. #, etc.

3. Mailing Address
36 S. Magnolia Avenue
Suite, Apt. #, etc.



05042004 Chg-P CR2E034 (10/03)

City & State
Ocala, Florida

City & State
Ocala, Florida

4. FEI Number **75-3096455**

Applied For
Not Applicable

Zip Country
34471 USA

Zip Country
34471 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROCHELMANN, BRIAN
3562 SW 24TH AVE
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name **Javier Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

4080 SE 44th Street

City **Ocala**

FL

Zip Code **34480**

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

Javier Rodriguez **Javier Rodriguez** **5-6-04**

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **TROCHELMANN, BRIAN**
STREET ADDRESS **3562 SW 24TH AVE**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
NAME **Javier Rodriguez**
STREET ADDRESS **4080 SE 44th Street**
CITY-ST-ZIP **Ocala, FL 34480**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **Steve Teiche**
STREET ADDRESS **9110 NW Hwy. 225A**
CITY-ST-ZIP **Ocala, FL 34482**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Javier Rodriguez **Javier Rodriguez** **5-6-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-694-6006