

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018408

Entity Name: AGRALAWN, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

1520 ALBERI DR.
EULESS, TX 76039

New Principal Place of Business:

Current Mailing Address:

1520 ALBERI DR.
EULESS, TX 76039

New Mailing Address:

FEI Number: 68-0541672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NALLEY, JOE
114 PALMOLA ST.
LAKELAND, FL 33803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIMM, SCOTT
Address: 5035 ASBURY PARK DR #105
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: GRIMM, CHRISTINE M
Address: 5035 ASBURY PARKE DR. #105
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIMM, SCOTT
Address: 1520 ALBERI DR.
City-St-Zip: EULESS, TX 76039

Title: D (X) Change () Addition
Name: GRIMM, CHRISTINE M
Address: 1520 ALBERI DR.
City-St-Zip: EULESS, TX 76039

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE GRIMM

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date