

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 034 ***150.00

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1. Entity Name

GRIDIRON TURF & LANDSCAPE SERVICES, INC.



Principal Place of Business

7905 LAND O LAKES BLVD
LAND O LAKES, FL 34638

Mailing Address

7905 LAND O LAKES BLVD
LAND O LAKES, FL 34638

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06052007

Chg-P

CR2E034 (12/06)

4. FEI Number

61-1446618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARROW, DONNA L
2311 MADACA LANE
SUITE 112
LAND O' LAKES, FL 34639

7. Name and Address of New Registered Agent

Name

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

7905 LAND O LAKES BLVD

City

LAND O LAKES

FL

Zip Code

34638

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

Donna Barrow

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	BARROW, RONNIE M	
STREET ADDRESS	2311 MADACA LN., #112	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARROW, DONNA L	
STREET ADDRESS	2311 MADACA LN., #112	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BARROW RONNIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW RONNIE	
STREET ADDRESS	7905 LAND O LAKES BLVD	
CITY-ST-ZIP	LAND O LAKES FL 34638	
TITLE	BARROW DONNA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW DONNA	
STREET ADDRESS	7905 LAND O LAKES BLVD	
CITY-ST-ZIP	LAND O LAKES FL 34638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donna Barrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #