2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2007 8:00 am Secretary of State DOCUMENT # P03000059262 1. Entity Namo 03-16-2007 90029 035 ***150.00 MAJOR GRADING SERVICES, INC. Principal Place of Business Mailing Address 5349 DURANGO AVE 5349 DURANGO AVE SARASOTA FL 34235 SARASOTA FL 34235 Principal Place of Business - No P.O. Box # Mailing Addres 626 Hand 0210 Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Çity & State Applied For City & State 4. FEI Number 81-0615737 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAJOR, ROBERT L 5349 DURANGO AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34235 Zip Code 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 registored agent FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ШП Change Addition ☐ Defete 1101 MAJOR, ROBERT L NAMI 5349 DURANGO AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CHY ST ZIP CHY SLZIP VΡ $\Pi\Pi\Pi$ ☐ Delete IIII ... Change Addition MAJOR, ALICIA A NAME NAME 5349 DURANGO AVE STREET LADDRESS STREET ADORESS SARASOTA FL 34235 CHY ST-ZIP CHY SI ZIP TITLE ☐ Delete HILL Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST /IP THLE ☐ Detete ☐ Change Addition NAM NAM STREET ADDRESS STREET ADDRESS CHY SE ZIP CITY ST ZIP Delete Change HITE 11111 Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY ST 782 CHY SI ZIP TITLE ☐ Delete 1000 Change Addition NAMI. NAM STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.