

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 045 ***550.00

DOCUMENT # P03000124376					
1. Entity Name JASON'S GRADING, INCORPORATED					
Principal Place of Business 27596 WILLOW LANE SW LABELLE, FL 33935			Mailing Address 27596 WILLOW LANE SW LABELLE, FL 33935		
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	4. FEI Number 20-0357666	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 SOUTH CLEVELAND AVENUE SUITE 107 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent. SIGNATURE: <u>Susan Foster Cox ST</u> DATE: <u>5-17-07</u> (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P COX, JASON 27596 WILLOW LANE SW LABELLE, FL 33935	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S,T FORSTER-COX, SUSAN 27596 WILLOW LANE SW LABELLE, FL 33935	☐ Delete			
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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: <u>Susan Foster Cox ST</u> DATE: <u>5-17-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

40117056



04252007 Chg-P CR2E034 (12/06)

Applied For

Not Applicable

FL

Zip Code

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