


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000124376 1. Entity Name JASON'S GRADING, INCORPORATED	
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Principal Place of Business 27596 WILLOW LANE SW LABELLE, FL 33935	Mailing Address 27596 WILLOW LANE SW LABELLE, FL 33935
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0357666	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 SOUTH CLEVELAND AVENUE SUITE 107 FORT MYERS, FL 33907
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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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000934034 05/23/08-80016-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, JASON 27596 WILLOW LANE SW LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T FORSTER-COX, SUSAN 27596 WILLOW LANE SW LABELLE, FL 33935
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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 Forster Cox ST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-26-08</u>	Daytime Phone # <u>239-229-7619</u>
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