

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000131444

1. Entity Name
GRANDVIEW PRODUCTS, INC.



Principal Place of Business
**226 1/2 19TH AVENUE SOUTH
ST PETERSBURG, FL 33705**

Mailing Address
**226 1/2 19TH AVENUE SOUTH
ST PETERSBURG, FL 33705**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0414380

Applied For
☐ Not Applicable

3. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M
LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION ST, SUITE 205
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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 *M.C. Meakin* **M.C. MEAKIN**

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

(NOTE: Registered Agent signature required when re-registering)

4-28-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MEAKIN, MARTIN
226 1/2 19TH AVENUE SOUTH
ST PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JAMIR, NANCY B
226 1/2 19TH AVENUE SOUTH
ST PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000559722
05/18/06-80008-020 150.00

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IN THIS SPACE**

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: *M.C. Meakin* **M.C. MEAKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

207-249-2373

Daytime Phone #