


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90155 028 \*\*\*150.00

<b>DOCUMENT # P03000139802</b>	
1. Entity Name <b>STARK SULLEN GRADING, INC.</b>	

Principal Place of Business <b>1490 NE PINE ISLAND ROAD SUITE 5-A CAPE CORAL, FL 33909</b>	Mailing Address <b>1490 NE PINE ISLAND ROAD SUITE 5-A CAPE CORAL, FL 33909</b>
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2. Principal Place of Business - No P.O. Box # <b>1609 Plumosa Ave</b>	3. Mailing Address <b>1609 plumosa Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lehigh Acres Fl</b>	City & State <b>Lehigh Acres Florida</b>
Zip <b>33972</b>	Zip <b>33972</b>
Country <b>United States</b>	Country <b>United States</b>



04162008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0719497</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required - -
6. Name and Address of Current Registered Agent <b>SULLEN, STARK 1609 PLUMOSA AVENUE LEHIGH ACRES, FL 33972</b>		
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 re

SIGNATURE \_\_\_\_\_  
Signature required on form and name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SULLEN, STARK 1609 PLUMOSA AVENUE LEHIGH ACRES, FL 33972</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Stark Sullen Director 4-22-08 239-887-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #