2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM

DOCUMENT # P03000140604 1. Enlity Name REES GRADING, INC.		Secretary of Sta
Principal Place of Business Mailing Address 2245 MEADOWBROOK DR LUFZ, FL 33558 LUTZ, FL 33558		T INDIVIDED IN DEFINAL STATE BRAIN STATE AREA BRAIN STATE BRAIN BR
i	And the second s	01192005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		4. FEI Number Applied For 51-0488222 Not Applied For Not Applied For Status Declard S8.75 Additional
	<u> </u>	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent		
REES, MARK W 2245 MEADOWBROOK DR LUTZ, FL 33558		DO NOT WRITEIN THIS SPACE
8. The above named entity submits this statement for the purpose of change the obligations of registered agent.	ging its registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature rec	squirēd when reinstaling) DATE
	Campaign Financing and Contribution	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE P NAME REES, MARK W STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558	÷ = <u></u>	
TITLE V	 	1 a real print, and print, and print, and print, and print, and
NAME REES, LENORE F STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not out		

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 path, 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 363 3885

Daytime Phone #