## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P03000148760** 

ADVANCED GRADING INC.

Principal Place of Business

8440 S.W. 130TH TERRACE OCALA, FL 34474

Mailing Address

**B440 S.W. 130TH TERRACE** OCALA, FL 34474

6/29/2005-90002-022-\$158.75-\$158.75

FILT

05 JUL 19 PH 1: 22



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06012005

No Chg-P

CR2E034 (10/03)

4. FEI Number 11-3707956 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101

## DO NOT WRITE IN THIS SDACE

TALLAHASSEE, FL 32301-2960				IN THIS SPACE		
	named entity submits this statement for the jons of registered agent.	ourpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registe	red Agent signatur	required when reinstating)	DATE	
	LE NOWIII FEE IS \$150.00 us by September 7, 2005	9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	CTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, JAMES 3901 CW 24TH AVENUE, #361 DUI	40 SW 130 <sup>4</sup> Tenne nnell on, R. 34432				
NAME STREET ADDRESS CITY-ST-ZIP	DALTON, ANITA 8440 SW 130TH TERRACE DUNNELLON, FL 34432			•		
TITLE						
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing 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 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 eppears in Block 10 or Block 11 if changed, or on an affact fright with an adoress, with all other like-empowered.

SIGNATURE: \

TITLE

STREET ADDRESS CITY-ST-ZIP tine NAME STREET ADDRESS CITY-57-70