2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 08:00 AN **DOCUMENT # P03000151306 Secretary of State** 1. Entity Name GRADE ONE SITE & UTILITY, MC Principal Place of Business Mailing Address P.O. BOX 8849 P.O. BOX 8849 FLEMING ISLAND, FL 32006 FLEMING ISLAND, FL 32006 CR2E034 (11/05) 02272008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1393724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PACE, CHARLES DO NOT WRITE 459 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PDS** TITLE PACE, CHARLES NAME STREET ADDRESS P.O. BOX 8849 CITY-ST-ZIP FLEMING ISLAND, FL 32006 TITLE 000000871203 04/09/08-80121-012 150.00 PACE, CHARLES NAME STREET ADDRESS PO BOX 8849 FLEMING ISLAND, FL 32006 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

7/- 1 0.7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP