2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151306

P.O. BOX 8849

City-St-Zip: FLEMING ISLAND, FL 32006

Address:

Entity Name: GRADE ONE SITE & UTILITY, INC.

FILED Apr 06, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
P.O. BOX 8849 FLEMING ISLAND, FL 32006			459 BRANSCOMB RD GREEN COVE SPRING	459 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
P.O. BOX FLEMING	8849 ISLAND, FL 3	32006			
FEI Number	: 20-1393724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
	IARLES ISCOMB RD OVE SPRING	S, FL 32043 US			
	e named entity e of Florida.	submits this statement for th	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	Agent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PACE, CHARL P.O. BOX 884		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VT () Delete	Title:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D PACE PRES 04/06/2009