

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000005470

1. Entity Name

GRIDMASTER CEILINGS, INC.



Principal Place of Business

31101 POCONO STREET
SORRENTO, FL 32776 US

Mailing Address

31101 POCONO STREET
SORRENTO, FL 32776 US

FILED

08 SEP 26 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07042008 No Chg-P CR2E034 (11/05)

4. FEI Number

13-4271667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLECKNER, KEVIN R
3110 POCONO STREET
MT. PLYMOUTH, FL 32776

**DO NOT WRITE
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

Kevin Cleckner
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

7-27-08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
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 DIRECTORS

TITLE P
NAME CLECKNER, KEVIN R
STREET ADDRESS 31101 POCONO STREET
CITY-ST-ZIP MT. PLYMOUTH, FL 32776

TITLE V
NAME CLECKNER, KEVIN R
STREET ADDRESS 31101 POCONO STREET
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE S
NAME CLECKNER, KEVIN R
STREET ADDRESS 31101 POCONO STREET
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE T
NAME CLECKNER, KEVIN R
STREET ADDRESS 31101 POCONO STREET
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900136385089
09/26/08--01042--005 **158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Kevin Cleckner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7-27-08 *352-383-2475*
Date Daytime Phone #

9/26/08