

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P04000070844

1. Entity Name
EVELYN GRASSO, P.A.



Principal Place of Business
1851 MAYTOWN RD
OAK HILL, FL 32759

Mailing Address
1851 MAYTOWN RD
OAK HILL, FL 32759



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2136401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRASSO, EVE S P
1851 MAYTOWN ROAD
OAK HILL, FL 32759

**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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000894091
04/21/08-80014-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	GRASSO, EVE S
STREET ADDRESS	1851 MAYTOWN RD
CITY-ST-ZIP	OAK HILL, FL 32759

TITLE	D
NAME	GRASSO, VINCENT C
STREET ADDRESS	1851 MAYTOWN RD
CITY-ST-ZIP	OAK HILL, FL 32759

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Eve Grasso EVE GRASSO S.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Date

386-405-4732

Daytime Phone #