## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000156925

1. Entity Name

GRUNTHAL & SCHUETH PROPERTIES, INC.



FILED Mar 26, 2008 08:00 AN Secretary of State

Principal Place of Business

45 WEST BAY STREET

SUITE 203 JACKSONVILLE, FL 32202 Mailing Address

45 WEST BAY STREET

SUITE 203

JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1930926

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUNTHALL, III, LEONARD H 45 W BAY ST, STE 203 JACKSONVILLE, FL 32202

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE.						
Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)						
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000871260 04/09/08-80120-020	150.00
10.	OFFICERS AND DIREC	CTORS	34.55 dr3	特品类的现在分类的		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO.	NOT WRITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			acousting the	IN.	THIS SPACE	
TITLE NAME STREET ADDRESS					and the company of th	e. . • . •

12. I hereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proprit 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:** 

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Leonard H. Grunthal III

03/20/08

904-356-1066