## 2008 FOR PROFIT CORPORATION ANNUAL REPORT—

## Jan 18, 2008 08:00 AM **DOCUMENT # P05000000682 Secretary of State** GROUNDWORKS SERVICES, INC. Mailing Address Principal Place of Business 500 MASON DR 500 MASON DR HAVANA, FL 32333 HAVANA, FL 32333 01062008 No Chg-P. CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-2103874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SPEARS, LOUIS G DO NOT WRITE 500 MASON DR HAVANA, FL 32333 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. (NOTE: Registered Agent signature required when reinstating) . Signature, typed or printed name of registered agent and title if applicable. this is the other and make the 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OP TITLE SPEARS, LOUIS G NAME 500 MASON DR STREET ADDRESS CITY-ST-ZIP HAVANA, FL 32333 TITLE U00000788546 NAME 01/18/08-80046-013 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

SIGNATURE:

NAME ---STREET ADDRESS
CITY-ST-ZIP Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2008 (850) 519-6239

FILED