

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90021 024 \*\*\*150.00

DOCUMENT # P05000030451

1. Entity Name

GRIMALDI COMMERCIAL REALTY CORP.



Principal Place of Business  
13609 TWIN LAKE LANE  
TAMPA FL 33624

Mailing Address  
13609 TWIN LAKE LANE  
TAMPA FL 33624



2. Principal Place of Business - No P.O. Box #

115 W. BEARSS AV.

3. Mailing Address

115 W. BEARSS AV.

1st MOORE

CR2E034 (10/07)

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

30-0306135

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMALDI, FRANK  
13609 TWIN LAKE LANE  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name FRANK GRIMALDI

Street Address (P.O. Box Number is Not Acceptable)

115 W. BEARSS AV.

City

TAMPA FL

Zip Code

33613

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

*Frank Grimaldi*

1-23-08

Signature, typed or printed name of registered agent and title. If applicable.

NOTE: Registered Agent signature required when submitting.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMALDI, FRANK	
STREET ADDRESS	13609 TWIN LAKE LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMALDI, FRANK	
STREET ADDRESS	115 W. BEARSS AV.	
CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Frank Grimaldi*

1/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK GRIMALDI

Doc#

813 245-1124