2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State
09-10-2007 90004 025 ***150.00

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07112007 Chg-P CR2E034 (12/06)

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1. Entity Name
GRIMALDI CORPORATION

Principal Place of Business	Mailing Address
10230 ATLANTIC BLVD., #3 JACKSONVILLE, FL 32225 US	10230 ATLANTIC BLVD., #3 JACKSONVILLE, FL 32225 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2516584 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIMALDI, DOUGLAS J 10230 ATLANTIC BLVD., #3 JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 7-11-07
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
Due by September 14, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIMALDI, DOUGLAS J 12212 LAKE FERN DRIVE JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIMALDI, DOUGLAS J. 10230 ATLANTIC BLVD. STE 3 JACKSONVILLE, FL. 32225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIMALDI, SARAH K 12212 LAKE FERN DRIVE JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIMALDI, SARAH K. 10230 ATLANTIC BLVD. STE. 3 JACKSONVILLE, FL. 32225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIMALDI, DOUGLAS J 12212 LAKE FERN DRIVE JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIMALDI, DOUGLAS J. 10230 ATLANTIC BLVD. STE. 3 JACKSONVILLE, FL 32225	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 7-11-07 904-725-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #