

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 039 ***150.00

| | | | |
|--|---------------------------------|---|--|
| DOCUMENT # P05000042261 1. Entity Name DOUG MAINVILLE'S GRADING SERVICE, INC | | | |
| Principal Place of Business * ADDRESS CHANGE | | Mailing Address | |
| 2. Principal Place of Business - No P.O. Box # 4215 4TH AVE S.E Suite, Apt. #, etc. | | 3. Mailing Address 4215 4TH AVE S.E Suite, Apt. #, etc. | |
| City & State NAPLES FL | | City & State NAPLES FL | |
| Zip 34117 | | Zip 34117 | |
| Country | | Country | |
| 4. FEI Number 20-2562519 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAINVILLE, DOUGLAS 4215 4TH AVE S.E NAPLES, FL 34117 | | 7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4215 4TH AVE S.E. City NAPLES FL 34117 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME MAINVILLE, DOUGLAS STREET ADDRESS 4215 4TH AVE S.E CITY-ST-ZIP NAPLES FL 34117 | <input type="checkbox"/> Delete | TITLE 4215 4TH AVE S.E STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>Doug Mainville</i></u> Doug Mainville 8-20-07 / 239/2804370 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |