

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90050 046 ***150.00

DOCUMENT # P05000042261

1. Entity Name
DOUG MAINVILLE'S GRADING SERVICE, INC



Principal Place of Business
**4215 4TH AVE SE
NAPLES, FL 34117 US**

Mailing Address
**4215 4TH AVE SE
NAPLES, FL 34117 US**

40000000

2. Principal Place of Business - No P.O. Box #
4022 Crum Rd
Suite, Apt. #, etc.

3. Mailing Address
4022 Crum Rd
Suite, Apt. #, etc.



01122008 Chg-P CR2E034 (12/06)

City & State
Brooksville, FL
Zip
34604
Country
USA

City & State
Brooksville FL
Zip
34604
Country
USA

4. FEI Number
20-2562519
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAINVILLE, DOUGLAS
4215 4TH AVE SE
NAPLES, FL 34117**

7. Name and Address of New Registered Agent

Name: **Douglas Mainville**
Street Address (P.O. Box Number is Not Acceptable)
4022 Crum Rd
City: **Brooksville** FL Zip Code: **34604**

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

[Signature of Douglas Mainville]

(NOTE: Registered Agent signature required when reinstating)

1-14-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MAINVILLE, DOUGLAS
4215 4TH AVE SE
NAPLES, FL 34117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Douglas Mainville
4022 Crum Rd
Brooksville FL 34604** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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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 files empowered.

SIGNATURE:

[Signature of Douglas Mainville]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

DATE

239-280-6375

DAYTIME PHONE #