


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90037 048 \*\*\*150.00

**DOCUMENT # P05000157553**

1. Entity Name  
**GRISSOM & SON'S INC.**



Principal Place of Business      Mailing Address

3: 451TX19U !DPVSJ ?      3: 451TX19U !DPVSJ ?  
 DECPIDPSEMGM44: 25      DECPIDPSEMGM44: 25  
 2934 SW 8th Ct      2934 SW 8th Ct  
 Cape Coral, FL 33914      Cape Coral, FL 33914



02062007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0766173**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRISSOM, FREDERICK**  
 2934 SW 8TH COURT  
 CAPE CORAL, FL 33914

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE (\$150.00)**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GRISSOM, KERSTIN
STREET ADDRESS	2934 SW 8TH COURT
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	PD
NAME	GRISSOM, FREDERICK
STREET ADDRESS	2934 SW 8TH COURT
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	VD
NAME	DAVIDSON, DAVID
STREET ADDRESS	628 SE 31ST ST.
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: X** Kerstin Grissom      2/15/07      X 239-573-8995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #