


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000063070**

1. Entity Name  
 FLORIDA FINAL GRADE, INC.



Principal Place of Business  
 3001 SMITH ROAD  
 NAPLES, FL 34117

Mailing Address  
 1111 16TH AVE. S.W.  
 NAPLES, FL 34117

**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 83-0456351

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUGGINS, MCELROY  
 1111 16TH AVE. S.W.  
 NAPLES, FL 34117

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000877576  
 04/14/08 00020 003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P D
NAME	HUGGINS, MCELROY
STREET ADDRESS	1111 16TH AVE. S.W.
CITY - ST - ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-26-2008**

Daytime Phone # \_\_\_\_\_