2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P0600075 FOON LAND GRADING INC.			08 SEP 18 PH 4: 07				
Principal Place of Business Blod Mailing Address 2000 MINORCA RD 3/76 Indian River MINORCA RD EDGEWATER, FL 32132					LAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address EdgewAter 3176 India Suite, Apt. #, etc. Suite, Apt. #, etc.			luer Blud	0915200	08 Chg-P	CR2E034 (12/06		
City & State Edge water F1		City & State Edge water F1		4. FEI Nu 20-4	mber 948567		Applied For lot Applicable	
Zip 7 32	Country Volus/A 6. Name and Address of Current F	Zip 32/Y/	Volusia Volusia		ate of Status Desired	\$8.75 Ac Fee Requir		
SCHIESS, TED					and Address of New	Registered Agent		
3450 GOLDEN MEADOW LANE ORMOND BEACH, FL 32174				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	de	
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								
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.								
10. TITLE	OFFICERS AND I	DIRECTORS Detete	11.	ADDITIO	NS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	BELL, DENNIS C MINORCARD 3/76 Indian River Blud STA			Charge Auditori				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, JUSTIN MINORGARD 3176 India River Blvd SIR EDGEWATER, FL 32132 Edgewater, F(3214) Cm				Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	09,7	Change Addition 09.100136161141 09.19708-01045-010 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZEP			☐ Change	Addition		
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: 15/08 386-566-4/185 SIGNATURE AND TYPED OR PROMED NAME OF SIGNAMS OFFICER OR DIRECTOR Date Date Daylime Prome #								

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