

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 003 ***150.00

DOCUMENT # P06000090203 1. Entity Name S & B GRADING INC.			
Principal Place of Business 4630 SW CORNELIA DR LABELLE, FL 33935		Mailing Address 4630 SW CORNELIA DR LABELLE, FL 33935	
2. Principal Place of Business - No P.O. Box # 1500 CORNELIA DR Suite, Apt. #, etc.		3. Mailing Address 1500 CORNELIA DR Suite, Apt. #, etc.	
City & State LABELLE, FL Zip 33935		City & State LABELLE, FL Zip 33935	
4. FEI Number 71-1009322		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 LANDRUM, CAROL S 4630 SW CORNELIA DR LABELLE, FL 33935		7. Name and Address of New Registered Agent Name LANDRUM CAROL S Street Address (P.O. Box Number is Not Acceptable) 1500 CORNELIA DR City LABELLE FL Zip Code 33935	
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 Carol S. Landrum DATE 4-7-08 <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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LANDRUM, CAROL S 4630 SW CORNELIA DR LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 CORNELIA DR LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDRUM, BRUCE W 4630 SW CORNELIA DR LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 CORNELIA DR LABELLE, FL 33935
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
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
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
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: Carol S. Landrum <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-7-08 Daytime Phone # 863-675-4812	