FOR PROFIT CORPORATION

FILED Mar 17, 2008 8:00 am | Secretary of State

UNIFORM BUSINESS REPORT (UBR)					03-17-2008 90215 014 ***150.00			
DOCUMENT # 1. Entity Name	p06000094881	,			U	3-17-2008 9021	3 014 ****	150.00
GRAND GEOSSY FAI	RM INC			١.		-		
	OT WRITE	IN THIS S	PΑ	CE"	40048	8413		
	<u> </u>							
Principal Place of 5213 BASCO COURT	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State ELKTON, FL		City & State			4. FEI No 20-528352		}	Applied For Not Applicable
Zip	Country	Zip	TC	ountry	1			\$8.75 Additional
32033					5. Certific	ate of Status Desir	ed	Fee Required
			113		ne and Add	iress of Currer	ıt Registe	ered Agent
				Name HAISLIP, GEO	DRGE D			
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)				table)	
	N THIS SP	ACE		5213 BASCO	COURT			
	t e de la company de la co La company de la company d			City ELKTON			FL	Zip Code 32033
8. The above named	entity submits this st	atement for the purpo	se of c	hanging its reg	istered offi	ce or registered	agent, or	both, in the
State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00								
After M.	ay 1, Fee is \$550.00 ded UBR is \$61.25 e to Florida Departm				1	n Campaign Financ und Contribution.	oing	\$5.00 May Be Added to Fees
10.		D DIRECTORS	11.		namana da Santa da S		00.000	Some specials in a constitution of the constit
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TITLE NAME	HAISLIP, CHRISTINA	A L.	SERVICE CONTRACTOR	ILE ME		Agiles and a second	el Sillia	
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CITY-ST-ZIP			CI	TY-ST-ZIP	100	a Piter	THE STATE OF	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.								
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #								
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