

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90820 032 ***150.00

DOCUMENT # P06000098513

1. Entity Name
GRATTON ENTERPRISES, INC.



Principal Place of Business
1950 WEST NEW YORK AVENUE
DELAND, FL 32720

Mailing Address
1950 WEST NEW YORK AVENUE
DELAND, FL 32720

40092193



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-8264121

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRATTON, CHARLES
1950 WEST NEW YORK AVENUE
DELAND, FL 32720

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
GRATTON, CHARLES
1950 W NEW YORK AVENUE
DELAND, FL 32720 ☐ Delete

TITLE
NAME
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CITY-STATE-ZIP
☐ Change ☐ Addition

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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 119, 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

COPY

386-547-8787

ATTACHMENT
40092193
#P06000098513



FLORIDA
 DEPARTMENT OF
FINANCIAL SERVICES

Alex Sink
 Chief Financial Officer of Florida



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Employer Detail Page

This Database was Last Updated: 1/19/2007 1:16:26 /
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Employer Information					
Employer Name	GRATTON ENTERPRISES INC				
Address	1950 W NEW YORK AVE				
City	DELAND				
State	FL	Zip	32720	County	Volu
Employer Type		Industry Code			

Coverage History			
<i>Click here for carrier location information</i>			
Effective	Cancelled	Carrier Office	Policy Number
Jun 13 2006	no cancellation submitted	SUNZ INSURANCE COMPANY	WCPEO00000010:

No Officer Exemption of Coverage Listings

No Owner Election of Coverage Listings

No Additional Locations

ATTACHMENT
40092193
#006000098513

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO
KEEP THIS RECEIPT EXHIBITED CONSPICUOUSLY AT
YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

THIS RECEIPT IS FURNISHED IN PURSUANCE OF COUNTY ORDINANCE 79-51

VOLUSIA COUNTY BUSINESS TAX RECEIPT

STATE OF FLORIDA

FLORIDA LAW REQUIRES TANGIBLE PERSONAL
PROPERTY TAX RETURN PRIOR TO APRIL 1ST EACH YEAR.

LOCATION 1320 YORK TOWN ST
DELAND

ACCOUNT NUMBER
60705

RECEIPT 93J1020 12/23/06

SECTION OF LAW
4711 BUSINESS SERVICE

TOTAL PAID

22.00
20.00

Due Sept. 1st. This receipt represents a business tax only. It is not a com-
petency card and is not meant to be a certification of the holders abil-
ity to perform the service in which he is licensed.

The individual or firm named below is hereby authorized to
engage in the business, profession or occupation at address
stated for period beginning on the first day of October, 2006
and ending on the 30th day of September, 2007.
The issuance of this business tax receipt does not constitute a
permit to act in violation of any county codes, regulations, or
ordinances.

STATE NUMBERS	COUNTY NUMBERS	AREA	CITY NUMBER
	HONEOCCL	1 DEL	2162
			02

TO
GRATTEN ENTERPRISES INC
GRATTEN CHARLES
1950 SR 44 WEST
DELAND FL 32720

ATTACHMENT
40092193
#06000098513

For purposes of determining whether there are affiliated corporations of the corporation for which you are an officer, the following statutory definitions applies: Affiliated corporations means and includes one or more corporations or entities, any one of which is a corporation engaged in the construction industry, under the same or substantially the same control of a group of business entities which are connected or associated so that one entity controls or has the power to control each of the other business entities. The term "affiliated" includes, but is not limited to, the officers, directors, executives, shareholders active in management, employees, and agents of the affiliated corporation. The ownership by one entity or a pooling of equipment or income among business entities shall be prima facie evidence that one business is affiliated with the other. **No more than three (3) officers of a corporation (including LLC) or of any group of affiliated corporations (including LLC's) may elect to be exempt.**

SECTION 7. (This section only applies to construction industry exemption applicants. Non-construction industry applicants do not need to complete this section.)

A. CORPORATION - the applicant for a construction industry exemption must attach copies of the stock certificate(s) evidencing at least 10% ownership in the corporation. At a minimum, each stock certificate must state:

- The name of the issuing corporation and that the corporation is organized under the laws of the State of Florida or the state in which it is incorporated.
- The name of the person to whom the certificate is issued.
- The number and class of issued shares the certificate represents.
- The percent of ownership that the issued shares represents (a stock register can be provided in lieu of this requirement).

There is no requirement for a corporate seal or for the certificate to be notarized. The certificate must be signed by an officer of the corporation.

B. LIMITED LIABILITY COMPANY (LLC) - The applicant for a construction industry exemption must produce documentation reflecting that the applicant owns at least 10% the LLC, or submit a notarized statement attesting that the applicant owns at least 10% of the limited liability company (LLC)

SECTION 8. Each applicant must read the fraud notice and provide his or her signature in the appropriate area. The signature is an attestation that the fraud notice was read, understood and acknowledged.

SECTION 9. List the name of the workers' compensation insurance carrier that covers your non-exempt employees. If you do not have non-exempt employees please indicate 'not applicable'.

If you are in the construction industry, workers' compensation coverage must be secured once you employ one or more employees.

If you are in the non-construction industry, workers' compensation coverage must be secured once you employ four or more employees.

NOTE: Corporate officers are counted as employees unless they have been issued a notice of election to be exempt from the Division of Workers' Compensation.

Failure to secure workers' compensation coverage as defined in S. 440.107(2), F.S., shall result in the issuance of a Stop Work Order and a penalty assessment.

AFFIDAVIT OF APPLICANT:

An affidavit is a sworn statement in writing made especially under oath or on affirmation before an authorized officer. This section should be completed after careful review of the statement being attested to. Type or print your name and social security number on the application. The application should not be signed or dated until you are in the presence of a notary public.

NOTARY PUBLIC:

The application must be notarized prior to submission. Any licensed notary public may notarize the application. They should not be related to you. Most banks have a notary public available to notarize documents. There may be a charge for this service. *Please be advised that workers' compensation office personnel do not notarize applications Notice of Election to be Exempt.*

Workers' Compensation Information Online – www.fldfs.com/wc

**ATTACHMENT**A5092193

#P06000098513

Employer Name History

Employer Name	Name Type	Change Date
GRATTON ENTERPRISES INC	Legal	Aug 10 2007

[Return to Query Form](#)

DIVISION OF WORKERS' COMPENSATION (800) 742-2214 or (850) 413-1601
Florida Division of Workers' Compensation · 200 East Gaines Street · Tallahassee, FL 32399-4228 · Legal Notices

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

ATTACHMENT
45092193
P0600009815
NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)

☒ Officer of a Corporation (Title): PRESIDENT -OR- ☐ Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)

☐ Officer of a Corporation (Title): _____

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. P0600009815

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: LOCATION ENTERPRISES INC. FEIN: 20-5264121 Telephone: 386-734-0750

Business Mailing Address: 1950 SR-44 WEST City: DELAND State: FL Zip: 32720 County: VOLUSA

Scope of Business or Trade of Applicant: 1. HAULING / DUMP TRUCKING 2. DIRT 3. _____ 4. _____

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) NONE

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?
☒ Yes ☐ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

☐ Yes ☒ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

NAME: _____ FEIN: _____

SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

SECTION 8. FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.


SIGNATURE OF APPLICANT

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

ATTACHMENT 40092193 # P06000098513

NOTICE OF ELECTION TO BE EXEMPT - Page 2

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: None

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

CHARLES E GRATTON
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

205 / 63 / 7485
SOCIAL SECURITY NUMBER

Charles E. Gratton
APPLICANT'S SIGNATURE

1-19-07
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Volusia

Sworn to and subscribed before me this 19th day of JANUARY, 2007, by CHARLES E. GRATTON

Personally Known X OR Produced Identification _____ Type of Identification
Produced _____

NOTARY SIGNATURE Robert C. Brown My Commission Expires _____



Robert C. Brown
Commission #DD322555
Expires: Jun 25, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the DFS WC Administration Trust Fund, to the District Office listed below that is closest to your place of business.

4415 Metro Parkway
Suite #300
Ft. Myers, FL 33916
Telephone (239) 938-1840

921 North Davis Street
Building B, Suite #250
Jacksonville, FL 32209
Telephone (904) 798-5806

1111 Northeast 25th Avenue
Suite #403
Ocala, FL 34470
Telephone (352) 401-5350

3111 South Dixie Highway
Suite #123
West Palm Beach, FL 33405
Telephone (561) 837-5716

1313 North Tampa Street
Suite #503
Tampa, FL 33602
Telephone (813) 221-6506

610 East Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

1718 Main Street
Suite #201
Sarasota, FL 34236
Telephone (941) 329-1120

499 Northwest 70th Avenue
Suite #116
Plantation, FL 33317
Telephone (954) 321-2906

TALLAHASSEE:
Walk-in submissions
2012 Capital Circle SE
Suite #102 Hartman Bldg.
Tallahassee, FL 32399-2161
Telephone (850) 413-1609

401 Northwest 2nd Avenue
Suite S-321
Miami, FL 33128-1740
Telephone (305) 536-0306

400 West Robinson Street
North Tower, Suite N512
Orlando, FL 32801-1756
Telephone (407) 245-0896 or
(407) 835-4406

Mail in submissions
200 East Gaines Street
Tallahassee, FL 32399-4228
Telephone (850) 413-1609

STATE USE ONLY

Effective/Issue Date:

Expiration Date:

Control Number:

Postmark Date:

Received Date:

Payment Number:

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE

ATTACHMENT 40092193
#P06000098513



Organized under the laws of the state of

FLORIDA

GEATON ENTERPRISES INC.
Name of Corporation

This Certifies that CHARLES GEATON is the holder
of 100 Shares of the 100 shares of the total stock
issued by the above named Corporation.

This evidences 100 % of the total shares of stock issued by the corporation.

In Witness whereof, the said Corporation has caused this Certificate to be signed by the duly
authorized officer this 13 day of JAN A.D. 2007

[Signature]
[Must have Signature of an officer of the Corporation]