


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State


02-28-2005 90212 028 ***150.00

DOCUMENT # P95000074250	
1. Entity Name ART GRINDLE EMPLOYEE BENEFITS, INC.	

Principal Place of Business 1655 EAST SEMORAN BOULEVARD SUITE 31 APOPKA FL 32703	Mailing Address 1655 EAST SEMORAN BOULEVARD SUITE 31 APOPKA FL 32703
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2. Principal Place of Business <i>764 Parkside Pointe Blvd.</i>	3. Mailing Address <i>764 Parkside Pointe Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Apopka, FL</i>	City & State <i>Apopka, FL</i>
Zip <i>32712</i>	Zip <i>32712</i>
Country <i>Orange</i>	Country <i>Orange</i>



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3340418	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 GRINDLE, ARTHUR E 1655 EAST SEMORAN BOULEVARD SUITE 31 APOPKA FL 32703	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>764 Parkside Pointe Blvd.</i> City <i>Apopka</i> FL Zip Code <i>32712</i>	

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 *Arthur E Grindle* (NOTE: Registered Agent signature required when reinstating) DATE *2-23-05*

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRINDLE, ARTHUR E 241 LIVE OAK LN ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P151T</i> <i>764 Parkside Pointe Blvd.</i> <i>Apopka, FL 32712</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRINDLE, PHYLLIS 241 LIVE OAK LN. ALTAMONTE SPRINGS FL 32714 <input checked="" 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
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur E Grindle* DATE *2-23-05* DAYTIME PHONE # *407-889-8514*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR