



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90091 004 \*\*\*150.00

<b>DOCUMENT # P95000074250</b> 1. Entity Name <b>ART GRINDLE EMPLOYEE BENEFITS, INC.</b>			
Principal Place of Business <b>764 PARKSIDE POINTE BLVD APOPKA, FL 32712</b>		Mailing Address <b>764 PARKSIDE POINTE BLVD SUITE 31 APOPKA, FL 32712</b>	
2. Principal Place of Business - No P.O. Box # <b>223 Trafford Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>223 Trafford Ave.</b> Suite, Apt. #, etc.	
City & State <b>Orange City, FL</b> Zip <b>32763</b>		City & State <b>Orange City, FL</b> Zip <b>32763</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>	
4. FEI Number <b>59-3340418</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRINDLE, ARTHUR E 764 PARKSIDE POINTE BLVD APOPKA, FL 32712</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>223 Trafford Ave.</b> City <b>Orange City</b> <b>FL</b> Zip Code <b>32763</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PST</b> NAME <b>GRINDLE, ARTHUR E</b> STREET ADDRESS <b>764 PARKSIDE POINT BLVD</b> CITY-ST-ZIP <b>APOPKA, FL 32712</b>	<input type="checkbox"/> Delete	TITLE <b>223 Trafford Ave.</b> NAME <b>Orange City, FL</b> STREET ADDRESS <b>32763</b> CITY-ST-ZIP	<input checked="" 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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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: 		Date: <b>4-30-07</b> Time: <b>4:30-2905</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Time Phone #</small>	