## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

Pincepal Piece of Listness Address of Description APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 1. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  2. Pincepal Piece of Business, top P.O. Igos # 2. APOPKA, FL 32712  3. APOPKA, FL 32712  4. APOPKA, FL 32712  4. APOPKA, F	DOCUMENT # P95000074250  1. Entity Name ART GRINDLE EMPLOYEE BENEFITS, INC.		05-02-200	07 90091 004 ***150.00
Solite April 4, 1907 Solite Applied Appli	764 PARKSIDE POINTE BLVD 764 PARKSIDE POI APOPKA, FL 32712 SUITE 31 APOPKA, FL 3271			96// 18/// 18// GENE HER NEW BUIL BUIL II (18/
City & State  City County Tap   County	223 Trafford Hve. 223 Tr	afford Ave.	02122007 Cha D	
Security	City & State City & State			
GRINDLE, ARTHUR E  GRINDLE, ARTHUR E  Spreadings (P O Bibly Number of the purpose of changing its registered office or registered agent, or bottle in the State of Footida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150,00  After May 1, 2007 Fee will be \$550,00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NIME  STREET ADDRESS  CITY-SI-2P  APOPKA, FL 32712  Delete  TITLE  NAME  STREET ADDRESS  CITY-SI-2P  CITATION  CITATION  CITATION  CITATION  ADDRESS  CITY-SI-2P  CITATION  CITATION  TO CARRESS  CITY-SI-2P  CITATION  CITATION  TO CARRESS  CITY-SI-2P  CITATION  CITATION  TO CARRESS  CITY-SI-2P  CITATION  TO CARRESS  CITY-SI-2P  CITY-SI-2P  CITATION  TO CARRESS  CITY-SI-2P  CITATION  TO CARRESS	Orange City FL Orange C	ity FL		Not Applicable
Name   Section Company in the State of Forces and Directors in the State of Forces		Volusia	5. Certificate of Status Desired	
GRINDLE, ARTHUIR E 764 PARKSIDE POINTE BLVD APOPKA, FL 32712  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bottk in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  After	Name and Address of Current Registered Agent	Name	7. Name and Address of New	v Registered Agent
8. The above named entity submits this statement for the purpose of changing its registered diffice or regisMered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, types or present owner of registered agent and afte it applicable.  (NOTE frequence Apent agenture required when remaining)  PLECTION OFFICERS AND DIRECTORS III.  Added to Fees  10. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PST GRINDLE, ARTHURE  GRINDLE, ARTHURE  764 PARKSIDE POINT BLVD  APOPKA, FL 32712  Delete  TITLE  NAME  SIREST ADDRESS  CITY-ST-2IP  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AME  SIREST ADDRESS  CITY-ST-2IP  TITLE  NAME  SIREST ADDRESS  CITY-ST-2IP  Change Addition  Addition  Addition  Addition  Addition  AME  SIREST ADDRESS  CITY-ST-2IP  TITLE  NAME  SIREST ADDRESS  CITY-ST-2IP  Addition  Addition  AME  SIREST ADDRESS  CITY-ST-2IP  Change Addition  Addition  Addition  Addition  AME  SIREST ADDRESS  CITY-ST-2IP  Addition  AME  SIREST ADDRESS  CITY-ST-2IP  Addition  AME  SIREST ADDRESS  CITY-ST-2IP  ADDRE	764 PARKSIDE POINTE BLVD		(P.O. Box Number in Not Accepta	fre.
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Sponture, types or present name of registered agent and afte it applicable. (MOTE frequence Apart populare required aren recruising)  PST		Grang	e City	FL 32763
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PST Delete STREE ADDRESS APPOPKA, FL 32712  CITY-ST-2IP  TITLE  T		g its registered office or regist	ered agent, or botix, in the State of	Florida. I am familiar with, and accept
After May 1, 2007 Fee will be \$50.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PST   GRINDLE, ARTHUR E   GRINDL		(NOTE: Registered Agent signature require	d when reinstating)	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	FILE NOWILL FEE 13 \$ 130.00			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME			ADDITIONS/CHANGES TO C	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME	NAME GRINDLE, ARTHUR E STREET ADDRESS 764 PARKSIDE POINT BLVD		3 Trafford	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM			range City,	Channe Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM			•	onlings nonline
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM				
NAME	CITY-ST-ZIP  TITLE Delote  NAME  STREET ADDRESS	CITY-ST-ZIP  IITLE  NAMF  STREET ADDRESS		☐ Change ☐ Addition
NAME NAME	CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP  IITLE  NAMF  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		
STREET ADDRESS  STREET ADDRESS	CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP  IITLE  NAME STREEI ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  IITLE  NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP  IITLE  NAMF STREEI ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/4-30-07 407-330-29

Davtime Phone