


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 022 ***150.00

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

Principal Place of Business 223 TRAFFORD AVE ORANGE CITY, FL 32763	Mailing Address 223 TRAFFORD AVE SUITE 31 ORANGE CITY, FL 32763
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2. Principal Place of Business - No P.O. Box # 1147 Barnacle Ter	3. Mailing Address 1147 Barnacle Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.

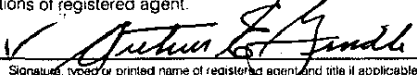
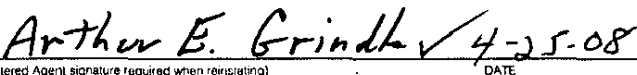
City & State The Villages FL	City & State The Villages FL
Zip 32162	Zip 32162
Country Sumter	Country Sumter



04232008 Chg-P CR2E034 (12/06)

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 223 TRAFFORD AVE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1147 Barnacle Terrace City The Villages FL Zip Code 32162

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**  **4-25-08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PST GRINDLE, ARTHUR E 223 TRAFFORD AVE ORANGE CITY, FL 32763 <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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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:  **Arthur E. Grindle**  **4-25-08 352-753-4086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #