## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2008 08:00 Al Secretary of State **DOCUMENT # P95000095451** 1. Entity Name LEN GROSS, INC. Mailing Address Principal Place of Business 1510 GROSS AVENUE 1510 GROSS AVENUE IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 US No Chg-P CR2E034 (11/05) 01212008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0638846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATKINS, JOHN JAY DO NOT WRITE 150 SOUTH MAIN STREET LABELLE, FL 33935 IN THIS SPACE 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE NAME GROSS, LEN STREET ADDRESS 1510 GROSS AVENUE CITY-ST-ZIP IMMOKALEE, FL 34142 ST U000000811089 TITLE GROSS, LEN 02/11/08-80012-020 150.00 NAME 1510 GROSS AVE. STREET ADDRESS CITY-ST-ZIP IMMOKALEE, FL 34142

## DO NOT WRITE IN THIS SPACE

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 reference 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;

TITLE

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

LEN GROSS

239-657-2379