

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000042336

1. Entity Name
GRIMSLEY MARKER & ISELEY, P.A.



Principal Place of Business

50 NORTH LAURA ST.
SUITE 2150
JACKSONVILLE, FL 32202 US

Mailing Address

50 NORTH LAURA ST.
SUITE 2150
JACKSONVILLE, FL 32202 US

FILED
May 01, 2007 08:00 A
Secretary of State



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3378037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ISELEY, ROBERT F. JR
50 N LAURA ST
SUITE 2150
JACKSONVILLE, FL 32202

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000754053
05/22/07-80045-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIMSLEY, JOHN G
STREET ADDRESS	50 N LAURA ST., SUITE 2150
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07
Date

904-354 9900
Daytime Phone #