

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90329 028 ***150.00

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1. Entity Name
GRINDLE MANAGEMENT COMPANY, INC.



Principal Place of Business
764 PARKSIDE POINTE BOULEVARD
APOPKA, FL 32712 US

Mailing Address
764 PARKSIDE POINTE BLVD
APOPKA, FL 32712

4000000000



2. Principal Place of Business - No P.O. Box #
223 Trafford Ave.

3. Mailing Address
223 Trafford Ave.

03122007 Chg-P CR2E034 (12/06)

City & State
Orange City FL
Zip 32763
Country Volusia

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Orange City, FL
Zip 32763
Country Volusia

4. FEI Number
59-3394423
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRINDLE, ARTHUR E
764 PARKSIDE POINTE BOULEVARD
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
223 Trafford Ave.
City Orange City FL Zip Code 32763

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME GRINDLE, ARTHUR E
STREET ADDRESS 764 PARKSIDE POINTE BOULEVARD
CITY-ST-ZIP APOPKA, FL 32703

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 223 Trafford Ave.
STREET ADDRESS Orange City, FL 32763
CITY-ST-ZIP

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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: *A.E. Grindle*, Pres. A.E. GRINDLE

4-12-07

✓ 407 330-2905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #