

03-23-2005 90028 032 \*\*\*150.00  
P97000025699

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 20 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
90036413

*[Handwritten signature]*

<b>DOCUMENT # P97000025699</b>	
1. Entity Name GRIMM CONSTRUCTION, INC.	



Principal Place of Business 13114 SKIING PARADISE BLVD CLERMONT, FL 34711	Mailing Address 13114 SKIING PARADISE BLVD CLERMONT, FL 34711
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03/23/05 90028 032 \$150.00



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3464484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LANGLEY, RICHARD L 700 ALMOND ST CLERMONT, FL	<i>Denise Grimm 13114 Skiing Paradise Blvd CLERMONT FL 34711</i>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMM, DENISE 13114 SKIING PARADISE BLVD CLERMONT, FL 34711
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Denise Grimm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 14 05 352 4292178  
Date Daytime Phone #