


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90212 030 ***150.00

DOCUMENT # P97000101416 1. Entity Name GRINDLE MORTGAGE, INC.					
Principal Place of Business 1655 E SEMORAN BLVD SUITE 31 APOPKA FL 32703			Mailing Address 1655 E SEMORAN BLVD SUITE 31 APOPKA FL 32703		
2. Principal Place of Business <i>764 Parkside Pointe Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>764 Parkside Pointe Blvd.</i> Suite, Apt. #, etc.			
City & State <i>Apopka, FL</i> Zip <i>32712</i>		City & State <i>Apopka, FL</i> Zip <i>32712</i>		4. FEI Number 59-3480841	
Country <i>Orange</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRINDLE, ARTHUR E 1655 E SEMORAN BLVD SUITE 31 APOPKA FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>764 Parkside Pointe Blvd.</i> City <i>Apopka</i> FL Zip Code <i>32712</i>	
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 <i>Arthur E Grindle</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>2-23-05</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME GRINDLE, ARTHUR E STREET ADDRESS 241 LIVE OAK LN. CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	TITLE <i>P/51T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>764 Parkside Pointe Blvd.</i> STREET ADDRESS <i>Apopka, FL 32712</i> CITY-ST-ZIP				
TITLE ST <input checked="" type="checkbox"/> Delete NAME GRINDLE, PHYLLIS STREET ADDRESS 241 LIVE OAK LN. CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	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 exemption stated in Section 119.07(3)(i), 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: <i>Arthur E Grindle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <i>2-23-05</i> Daytime Phone # <i>407-889-8514</i>	