


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 038 ***150.00

DOCUMENT # P98000087136					
1. Entity Name STEPHENS GRADING SERVICE, INC.					
Principal Place of Business 35633 JOHNS LANE EUSTIS, FL 32736 US			Mailing Address 35633 JOHNS LANE EUSTIS, FL 32736 US		
2. Principal Place of Business - No P.O. Box # 35633 Johns Lane Suite, Apt. #, etc.		3. Mailing Address 35633 Johns Lane Suite, Apt. #, etc.			
City & State Eustis Fla.		City & State Eustis 32736		4. FEI Number 59-3541666	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENS, MICHAEL N 35633 JOHNS LANE EUSTIS, FL 32736				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u>Mary Stephens</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STEPHENS, MICHAEL N STREET ADDRESS 35633 JOHNS LANE CITY-ST-ZIP EUSTIS, FL 32736	<input type="checkbox"/> Delete				
TITLE VP NAME STEPHENS, MARY STREET ADDRESS 35633 JOHNS LANE CITY-ST-ZIP EUSTIS, FL 32736	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
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: <u>Mary Stephens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5-23-08 <small>Date</small>	
				352 357-1875 <small>Daytime Phone #</small>	