2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 A Secretary of State

ANNUAL REPORT						Jan 25, 2007 08:00			
DOCUMENT # P99000011678						S	Secretai	ry of Sta	
1. Entity Nam GRANDV	ne VIEW LANDSCAF								
Principal Place 4810 N.W. 2 OCALA, FL 3		Р	oiling Address O. BOX 5340 CALA, FL 34478						
E	O NOT V	CE	01232007 No Chg-P CR2E034 (11/05) 4. FEI Number						
	6. Name and Addre	ss of Current Regist	ared Agent				-	· - · · · ·	
FUTCH, R 610 SE 17 OCALA, FI	TH ST			NOT W THIS SP		,			
8. The above the obligat	named entity submits thickness of registered agent	is statement for the p	urpose of changing its registe	ered office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name								
FIL After M	E NOW!!! FEE IS : ay 1, 2007 Fee wi	\$150.00	Election Campaign Fin Trust Fund Contribution	ancing \$5	i.00 May Be ded to Fees	01/29/07-8	03527 0017-005	158.75	
10.	, 	FFICERS AND DIREC	TORS			!	•		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAPP, JOHN 6155 AVE, E, MC INTOSH, FL 32	2664							
TIFLE NAME STREET ADDRESS CITY+ST-ZBP								7. · ·	
THLE NAME STREET ADDRESS CITY-ST-ZIP						NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPACE				
TITLE NAME STREET ADDRESS CHY-ST-ZIP			-				·		
TITLE NAME STREET ADDRESS CITY-ST-ZEP				-		-		·-	

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 efficiency 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.

CICNATUDE

SIGNATURE AND TYPED OR PROSTED NAME OF SIGNING OFFICER OR DIRECTOR

124/0

352-694-9247

Daytime Phone #