

ANNUAL REPORT

FII

Feb 02, 200

Secreta

DOCUMENT # P99000013292

1. Entity Name

D & S GRIMES MARKETING, INC.



Principal Place of Business

1801 WINDING CREEK CIR.
CANTONMENT, FL 32533

Mailing Address

1801 WINDING CREEK CIR.
CANTONMENT, FL 32533

01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3564120

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMES, DARIUS H
1801 WINDING CREEK CIR.
CANTONMENT, FL 32533**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

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, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesU000000026512
02/03/04-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIMES, DARIUS H
STREET ADDRESS	1801 WINDING CREEK CIR.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	GRIMES, SUSAN T.
STREET ADDRESS	1801 WINDING CREEK CIR.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

(850) 968-5874

Daytime Phone #