

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000069954

1. Entity Name

C.A. GYMNASTICS GRIPS, INC.



FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business
406 RUSK CIRCLE
SPRING HILL FL 34606

Mailing Address
406 RUSK CIRCLE
SPRING HILL FL 34606



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3594871

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID ALLEN BUCK, P.A.
13127 SPRING HILL DRIVE
SPRING HILL FL 34609

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
AGUDELO, CHRISTIAN
1445 HATHAWAY AVE
SPRING HILL FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
SIEVERS, DEANNA
406 RUSK CIRCLE
SPRING HILL FL 34606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000678359 ☐ Change ☐ Addition
04/02/07-80030-002 150.00

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Deanna Sievers

Deanna Sievers

3/13/07

352-650-8556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone