FILED Mar 18, 2004 8:00 am Secretary of State 02-25-2004 90023 034 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Name GRIMMY,			·						
3956 TOWN CENTER BLVD PO BO		Mailing Address PO BOX 957 BRADENTON, FL 34	· ·		66406638				
2. Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02062004	Chg-P	CR2E034 (10	0/03)	. •
City & State		City & State	City & State		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			plied For Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired		5 Add lequired	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New R	egistered Agent		
DOOLEY, WILLIAM A ESQ. NELSON, HESSE, ET AL 2070 RINGLING BLVD. SARASOTA, FL 34237				Street Address	(P.O. Box Numb	er is Not Acceptable)		,
				City		<u>.</u>	FL Z	p Code): :
Fili Aftor Ma	Signature, typed or printed name of regulared as E NOWIII FEE IS \$150.00 by 1, 2004 Fee will be \$56	9. Efection Can	npaign Finar		5.00 May Be		DATE		
10.	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOUN-CHANGE HOUSE CHICES	□ Delete 90485H4WN -819	, ,					hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PETERS, MARIAN 2807 CRANE TRACE CIRCLE ORLANDO, FL 32037	90485HAWNTK 2819	TITL NAMES STREET	- 1				hange	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delpte	1					hange	Addition
12. Thereby certify that the information supplied with this filling 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 cath; 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 dinor like empowered. SIGNATURE: SEGNATURE: SEGNATURE: SEGNATURE On Partice On Partice On Partice On Designation of Process On Designation of the Corporation of the									

P. O. BOX 298 Bradenton, FL 34206 SHINN & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE: 941-747-0500

1001 - 3RD AVENUE WEST, SUITE 500 BRADENTON, FLORIDA 34205

#S19214

Client's Name

THESE ARE YOUR INSTRUCTIONS FOR MISSINESS REPORT PLEASE READ RETURN CAREFULLY BEFORE SIGNING FOR ACCURACY

□ Partnership - Form 1065 □ Intangible Tax Return □ Corporation- Form 1120 or 1120-S □ Tangible Tax Return □ Corporation- Form 1120 or 1120-S □ Tangible Tax Return □ Other MED UBR *** TAX DUE: S □ Payable to United States Treasury with above Form. \$ □ payable to Florida Department of Revenue. \$ □ payable to Florida Department of Revenue. \$ □ payable to DEPARTMENT OF STATE \$ □ to be refunded to you. \$ □ payable to Department of Revenue. \$ □ STATE \$ □ to be credited on your estimated tax declaration. The return should be signed by: □ Taxpayer ■ One of the officers of the corporation □ Fiduciary/Personal Rep. □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One of the partners □ Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One One Surviving Spouse □ Husband sird Wife □ One	TAX RETURN: □	Individual Income - Form 1040	Florida Corp. Income Tax - Form F-1120					
DUE DATE: TAX DUE: payable to United States Treasury with above Form. payable to Florida Department of Revenue. payable to DEPARTMENT OF STATE to be credited on your estimated tax declaration. SIGNATURE: The return should be signed by: Taxpayer One of the officers of the corporation Husband and Wife One of the partners Surviving Spouse Tatinhassee, Florida 2299 - 0135 Internal Revenue Service Center Atlanta, Georgia 39901 Internal Revenue Service Center Internal Revenue Service Center Atlanta, Georgia 39901 So50 W. Tennessee Street Tallahassee, Florida 32399 - 0135 UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1590 TALLAHASSEE, FL 32302-1500 ESTIMATED Assumed W-2 Income Tax Withholding \$ Louder No. 1 Voucher No. 1 Voucher No. 2 Voucher No. 2 Voucher No. 2 Voucher No. 3 Due PLEASE NOTIFY US OF ANY CHANGES MADE BY THE IRS IN OVER PAYMENT OF ESTIMATED TAXES CREDITED TO OR ANY UNEXPECTED REFUND OR CORRESPONDENCE RECEIVED.		☐ Partnership - Form 1065	☐ Intangible Tax Return					
DUE DATE: TAX DUE: payable to United States Treasury with above Form. payable to Florida Department of Revenue. payable to DEPARTMENT OF STATE payable to DEPARTMENT OF STATE to be refunded to you. Internal Revenue Service Center Atlanta, Georgia 39901 DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TAX: Credited from TAX: Credited from TAX: Due Stimated tax is \$,		Corporation- Form 1120 or 1120-S	☐ Tangible Tax Return					
\$		_	Other 2005 UBR 2004					
S	DUE DATE:	5/1/03						
\$payable to your Bank with Depository Form. \$payable to DEPARTMENT OF STATE \$ to be credited on you. \$ to be credited on your estimated tax declaration. The return should be signed by: Taxpayer	TAX DUE:	\$ payable to United States Treasury with above Form.						
\$		\$payable to Florida Department of Revenue.						
REFUND DUE: to be refunded to you.	english services	\$payable to your Bank with Depository Form.						
SIGNATURE: The return should be signed by: Taxpayer		\$ payable to DEPARTMENT OF STATE						
The return should be signed by: Taxpayer To One of the officers of the corporation Surviving Spouse Thisband and Wife One of the partners The return should be signed by: Taxpayer To One of the partners To Surviving Spouse To Other To O	REFUND DUE:	\$ to be refunded to you.						
□ Taxpayer ■ One of the officers of the corporation □ Fiduciary/Personal Rep. □ Husband and Wife □ One of the partners □ Surviving Spouse □ Other □ Internal Revenue Service Center □ Florida Department of Revenue Atlanta, Georgia 39901 5050 W. Tennessee Street Tallahassee, Florida 32399 - 0135 □ Internal Revenue Service Center □ DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 ESTIMATED □ Assumed W-2 Income Tax Withholding \$□ TAX: □ Estimated tax is \$, □, payable by separate check, with vouchers as follows: Credited from □ \$□ Voucher No. 1 □ Due □ Estimated tax payments must be made TIMELY in order to qualify for penalty exceptions. Voucher No. 4 □ Due □ Qualify for penalty exceptions. PLEASE NOTIFY US OF ANY CHANGES MADE BY THE IRS IN OVER PAYMENT OF ESTIMATED TAXES CREDITED TO □ OR ANY UNEXPECTED REFUND OR CORRESPONDENCE RECEIVED.								
Husband and Wife	SIGNATURE:							
MAILING INSTRUCTIONS: Atlanta, Georgia 39901 Internal Revenue Service Center Atlanta, Georgia 39901 Internal Revenue Service Center Internal Revenue Service Service Subject Service Servic		☐ Taxpayer ■ One of the office	cers of the corporation					
MAILING INSTRUCTIONS: Atlanta, Georgia 39901 Atlanta, Georgia 39901 Internal Revenue Service Center Atlanta, Georgia 39901 Internal Revenue Service Center Internal Revenue Service Service Supplied Supp	-	☐ Husband and Wife ☐ One of the parts	ners - Surviving Spouse					
INSTRUCTIONS: Atlanta, Georgia 39901 So50 W. Tennessee Street Tallahassee, Florida 32399 - 0135 DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 ESTIMATED Assumed W-2 Income Tax Withholding \$ TAX: Estimated tax is \$,, payable by separate check, with vouchers as follows: Credited from \$ Voucher No. 1 Due IMPORTANT NOTICE Estimated tax payments must be made TIMELY in order to qualify for penalty exceptions. Voucher No. 4 Due qualify for penalty exceptions. PLEASE NOTIFY US OF ANY CHANGES MADE BY THE IRS IN OVER PAYMENT OF ESTIMATED TAXES CREDITED TO OR ANY UNEXPECTED REFUND OR CORRESPONDENCE RECEIVED.		-D-Other						
Tallahassee, Florida 32399 - 0135 DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 ESTIMATED Assumed W-2 Income Tax Withholding \$	MÁILING	☐ Internal Revenue Service Center	☐ Florida Department of Revenue					
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UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 ESTIMATED Assumed W-2 Income Tax Withholding \$		G. January Barrery Santia Contra						
P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 Assumed W-2 Income Tax Withholding \$		D Internal Revenue Service Center						
TALLAHASSEE, FL 32302-1500 Assumed W-2 Income Tax Withholding \$								
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Voucher No. 1 Due Estimated tax payments must be made TIMELY in order to qualify for penalty exceptions. Voucher No. 4 Due PLEASE NOTIFY US OF ANY CHANGES MADE BY THE IRS IN OVER PAYMENT OF ESTIMATED TAXES CREDITED TO OR ANY UNEXPECTED REFUND OR CORRESPONDENCE RECEIVED.	TAX:	Estimated tax is \$,	_, payable by separate check, with vouchers as follows:					
Voucher No. 2 Due be made TIMELY in order to qualify for penalty exceptions. Voucher No. 4 Due PLEASE NOTIFY US OF ANY CHANGES MADE BY THE IRS IN OVER PAYMENT OF ESTIMATED TAXES CREDITED TO OR ANY UNEXPECTED REFUND OR CORRESPONDENCE RECEIVED.			[IMPORTANT NOTICE]					
Voucher No. 3 Due qualify for penalty exceptions. PLEASE NOTIFY US OF ANY CHANGES MADE BY THE IRS IN OVER PAYMENT OF ESTIMATED TAXES CREDITED TO OR ANY UNEXPECTED REFUND OR CORRESPONDENCE RECEIVED.			Estimated tax payments must					
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