

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

02-25-2004 90023 034 ***150.00

DOCUMENT # S19264 1. Entity Name GRIMMY, INC.					
Principal Place of Business 3956 TOWN CENTER BLVD ORLANDO, FL 32837			Mailing Address PO BOX 957 BRADENTON, FL 34206		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66406638 	
4. FEI Number 65-0232003				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOOLEY, WILLIAM A ESQ. NELSON, HESSE, ET AL 2070 RINGLING BLVD. SARASOTA, FL 34237			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP PETERS, MICHAEL B 2807 CRANE TRACE CIRCLE ORLANDO, FL 32807 9048 SHAWNEE FL. 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PETERS, MARIAN 2807 CRANE TRACE CIRCLE ORLANDO, FL 32807 9048 SHAWNEE FL. 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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>Marian Peters</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/15/04</u> Daytime Phone #: <u>407 876 1132</u>		

P. O. BOX 298
BRADENTON, FL 34206

Attachment
SHINN & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

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

TELEPHONE: 941-747-0500
FAX: 941-746-0202

Client's Name

2004
THESE ARE YOUR INSTRUCTIONS FOR ~~2003~~ UNIFORM BUSINESS REPORT
PLEASE READ RETURN CAREFULLY BEFORE SIGNING FOR ACCURACY

TAX RETURN: ☐

Individual Income - Form 1040 ☐

Florida Corp. Income Tax - Form F-1120

☐ Partnership - Form 1065

☐ Intangible Tax Return

☐ Corporation- Form 1120 or 1120-S

☐ Tangible Tax Return

☒ Other 2003 UBR 2004

DUE DATE:

5/1/03 5/1/04

TAX DUE:

\$ _____ payable to United States Treasury with above Form.

\$ _____ payable to Florida Department of Revenue.

\$ _____ payable to your Bank with Depository Form.

\$ _____ payable to DEPARTMENT OF STATE

REFUND DUE:

\$ _____ to be refunded to you.

\$ _____ to be credited on your estimated tax declaration.

SIGNATURE:

The return should be signed by:

☐ Taxpayer

☒ One of the officers of the corporation

☐ Fiduciary/Personal Rep.

☐ Husband and Wife

☐ One of the partners

☐ Surviving Spouse

☐ Other

MAILING

INSTRUCTIONS:

☐ Internal Revenue Service Center
Atlanta, Georgia 39901

☐ Florida Department of Revenue
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

TAX:

Assumed W-2 Income Tax Withholding \$ _____

Estimated tax is \$ _____, payable by separate check, with vouchers as follows:

Credited from \$ _____

Voucher No. 1 _____ Due _____

Voucher No. 2 _____ Due _____

Voucher No. 3 _____ Due _____

Voucher No. 4 _____ Due _____

IMPORTANT NOTICE
Estimated tax payments must
be made **TIMELY** in order to
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.**

COMMENTS:

PLEASE RETAIN THIS INSTRUCTION SHEET WITH YOUR FILE COPY OF THE TAX RETURN.