

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90044 009 \*\*\*150.00

<b>DOCUMENT # S19264</b> 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 9048 Shawn Park Pl.		3. Mailing Address Suite, Apt. #, etc.	
City & State Orlando FL		City & State Bradenton FL	
Zip 32819		Country Orange	
4. FEI Number 65-0232003		Applied For 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: Edward Vogler Street Address (P.O. Box Number is Not Acceptable): 1061 3rd Ave W. Suite 420 City: Bradenton FL Zip Code: 34205	
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:  DATE: 2-17-05			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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 VP NAME PETERS, MICHAEL B STREET ADDRESS 9048 SHAWN PARK PL. CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 9048 Shawn Park Place Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST PETERS, MARIAN 9048 SHAWN PARK PL. ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 9048 Shawn Park Place Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:		Date: 2/12/05 Daytime Phone #	