

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90120 039 \*\*\*150.00

DOCUMENT # V00166

1. Entity Name

PRAISE YARD SERVICES, INC.



Principal Place of Business

6275 PAYNE ROAD  
KEYSTONE HEIGHTS FL 32656

Mailing Address

P O BOX 888  
MELROSE FL 32666  
US



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

3828 NE CR 219 A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Melrose FL

City & State

4. FEI Number

59-3102099

Applied For

Not Applicable

Zip

32666

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROGAN, STEPHEN H.  
6275 PAYNE ROAD  
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

← Same

Street Address (P.O. Box Number is Not Acceptable)

3828 NE CR 219 A

City

Melrose

FL

Zip Code

32666

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GROGAN, STEPHEN H.	
STREET ADDRESS	6275 PAYNE ROAD	
CITY-ST-ZIP	KEYSTONE HGTS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROGAN, MELANIE M.	
STREET ADDRESS	6275 PAYNE ROAD	
CITY-ST-ZIP	KEYSTONE HGTS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same name P	
STREET ADDRESS	3828 NE CR 219 A	
CITY-ST-ZIP	Melrose, FL. 32666	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same name V	
STREET ADDRESS	3828 NE CR 219 A	
CITY-ST-ZIP	Melrose FL. 32666	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stephen H. Grogan Stephen H. Grogan 4/14/08 352.494.3318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Good

Daytime Phone #