


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 392592</b> 1. Entity Name <b>GROMER PRINTING, INC.</b>	
--	---

<b>Principal Place of Business</b> 121 N. 8TH STREET POST OFFICE BOX 1268 HAINES CITY, FL 33845	<b>Mailing Address</b> 121 N. 8TH STREET POST OFFICE BOX 1268 HAINES CITY, FL 33845
--	--



03052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1368623</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  FREEMAN, BOBBI C 8317 LAKE MARION RD WEST HAINES CITY, FL 33844
---

**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000094261 03/10/04-80072-009 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHARON 8317 LAKE MARION RD W HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT FREEMAN, BOBBI C 8317 LAKE MARION ROAD W HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOY, JAMIE F 206 S LOCKMOOR AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> <u>Bobbi C. Freeman</u> <u>Bobbi C. Freeman</u>	<u>3/8/04</u>	<u>863-422-8651</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>