


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 457005</b> 1. Entity Name <b>GROCO AGRICULTURAL SERVICES, INC.</b>																																																																													
Principal Place of Business <b>30620 PASCO RD SAN ANTONIO FL 33576 US</b>			Mailing Address <b>P O BOX 668 SAN ANTONIO FL 33576 US</b>																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		4. FEI Number <b>59-1563709</b>																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																									
6. Name and Address of Current Registered Agent <b>GROSSENBACHER, EMILE 30620 PASCO RD SAN ANTONIO FL 33576</b>																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete</td> </tr> <tr> <td></td> <td><b>PD GROSSENBACHER, EMILE</b></td> <td><input type="checkbox"/></td> <td></td> <td><b>000000603675</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>30620 PASCO RD</b></td> <td></td> <td></td> <td><b>01/29/07-80023-003 150.00</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>SAN ANTONIO FL</b></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>D GROSSENBACHER, SHARON</b></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>30620 PASCO RD</b></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>SAN ANTONIO FL</b></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete	TITLE	NAME	Delete		<b>PD GROSSENBACHER, EMILE</b>	<input type="checkbox"/>		<b>000000603675</b>	<input type="checkbox"/>		<b>30620 PASCO RD</b>			<b>01/29/07-80023-003 150.00</b>	<input type="checkbox"/>		<b>SAN ANTONIO FL</b>				<input type="checkbox"/>		<b>D GROSSENBACHER, SHARON</b>	<input type="checkbox"/>			<input type="checkbox"/>		<b>30620 PASCO RD</b>				<input type="checkbox"/>		<b>SAN ANTONIO FL</b>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																										
TITLE	NAME	Delete	TITLE	NAME	Delete																																																																								
	<b>PD GROSSENBACHER, EMILE</b>	<input type="checkbox"/>		<b>000000603675</b>	<input type="checkbox"/>																																																																								
	<b>30620 PASCO RD</b>			<b>01/29/07-80023-003 150.00</b>	<input type="checkbox"/>																																																																								
	<b>SAN ANTONIO FL</b>				<input type="checkbox"/>																																																																								
	<b>D GROSSENBACHER, SHARON</b>	<input type="checkbox"/>			<input type="checkbox"/>																																																																								
	<b>30620 PASCO RD</b>				<input type="checkbox"/>																																																																								
	<b>SAN ANTONIO FL</b>	<input type="checkbox"/>			<input type="checkbox"/>																																																																								
		<input type="checkbox"/>			<input type="checkbox"/>																																																																								
		<input type="checkbox"/>			<input type="checkbox"/>																																																																								
		<input type="checkbox"/>			<input type="checkbox"/>																																																																								
		<input type="checkbox"/>			<input type="checkbox"/>																																																																								
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.																																																																													
<b>SIGNATURE: <u>Emile Grossenbacher</u> / Emile Grossenbacher, Pres 1/23/07 813-714-3099</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																													