

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003218

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: GRS FINANCIAL SERVICES, INC. OF SOUTHWEST FLORIDA

## Current Principal Place of Business:

509 COURTSIDE DRIVE  
NAPLES, FL 34105

## New Principal Place of Business:

272 EDGEEMERE WAY EAST  
NAPLES, FL 34105

## Current Mailing Address:

509 COURTSIDE DRIVE  
NAPLES, FL 34105

## New Mailing Address:

272 EDGEEMERE WAY EAST  
NAPLES, FL 34105

FEI Number: 04-3379222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, G. R  
509 COURTSIDE DRIVE  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

SMITH, G. R  
272 EDGEEMERE WAY EAST  
NAPLES, FL 34105 US

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.

SIGNATURE:

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: SMITH, G. R  
Address: 509 COURTSIDE DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: V ( ) Delete  
Name: SMITH, DAREN C  
Address: 103 SPRINGDALE ROAD  
City-St-Zip: MANCHESTER, NH 03103

Title: V ( ) Delete  
Name: SMITH, CATHERINE A  
Address: 509 COURTSIDE DRIVE  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: SMITH, G. R  
Address: 272 EDGEEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SMITH, CATHERINE A  
Address: 272 EDGEEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. ROBERT SMITH

PDST

04/22/2007

Electronic Signature of Signing Officer or Director

Date