


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90004 007 ***550.00

DOCUMENT # F05000004633					
1. Entity Name G.R.P. INDUSTRIES, INC.					
Principal Place of Business 4722 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467		Mailing Address 4722 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-0535085	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P		CR2E034 (11/05)	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent GOLDBERG, JEROME 4722 FOUNTAINS DRIVE SOUTH LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name: FLORENCE GOLDBERG Street Address (P.O. Box Number is Not Acceptable): 4722 FOUNTAINS DR. So. City: LAKE WORTH FL 33467		
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: <i>Florence Goldberg</i> DATE: 8/22/06					
FILE NOW!! FEE IS \$550.00 Due by September 6, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, JEROME		NAME	FLORENCE GOLDBERG	
STREET ADDRESS	4722 FOUNTAINS DRIVE SOUTH		STREET ADDRESS	4722 FOUNTAINS DR SO	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	GOLDBERG, FLORENCE		NAME		
STREET ADDRESS	4722 FOUNTAINS DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employment.					
SIGNATURE: <i>Florence Goldberg</i>		Date: 8/22/06		Daytime Phone #: 561-964-9408	

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07022006 Chg-P CR2E034 (11/05)