

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000000900



1. Entity Name
GRUS, INC.

Principal Place of Business
380 PARK PLACE #100
CLEARWATER, FL 33759

Mailing Address
11430 HAMILTON AVENUE
CINCINNATI, OH 45231

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

3. Mailing Address

380 PARK PLACE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State

City & State

CLEARWATER, FL

Zip

Zip

33759

Country

US

6. Name and Address of Current Registered Agent

BAILEY, JONATHAN
380 PARK PLACE #100
CLEARWATER, FL 33759

Name

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

City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BAILEY, JONATHAN
STREET ADDRESS 380 PARK PLACE #100
CITY-ST-ZIP CLEARWATER, FL 33759

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-08 513-742-8294
Date Daytime Phone #