

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000000290

1. Entity Name
GROSSBERT, INC.



Principal Place of Business
2066 GLENFOREST CIRCLE
OAKVILLE, ONTARIO, CANADA
L6J 2G4, XX

Mailing Address
2066 GLENFOREST CIRCLE
OAKVILLE, ONTARIO, CANADA
L6J 2G4, XX

FILED
Aug 06, 2008 08:00 AM
Secretary of State



07232008 No Chg-P CR2E034 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSON, MARK A ESQ
THE LAW OFFICES OF LOBECK & HANSON, P.A.
2033 MAIN ST, SUITE 301
SARASOTA, FL 34237

**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 _____

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

TITLE PD
NAME GROSSMANN, ROBERT
STREET ADDRESS 2066 GLENFOREST CIRCLE
CITY-ST-ZIP OAKVILLE, ONTARIO CA L6J 2G4,

TITLE STD
NAME GROSSMANN, ETHEL
STREET ADDRESS 2066 GLENFOREST CIRCLE
CITY-ST-ZIP OAKVILLE, ONTARIO CA L6J 2G4,

TITLE
NAME
STREET ADDRESS
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U000000357182
08/06/08-80002-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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

204723.00

Date

Daytime Phone #