


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000492
 1. Entity Name
 GR COMPRESSORS, INC.



Principal Place of Business
 19-35 HAZEN ST
 E ELMHURST, NY 11370

Mailing Address
 PO BOX 1592-364E
 YORK, PA 17405

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2382432	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPELLAR, PETER 2075 ROSEWOOD LANE YORK, PA 17403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, IAN A 1740 WYNDHAM DRIVE SOUTH YORK, PA 17403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORCORAN, JAMES P 317 W. TIMONIUM RD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JANE G 915 UPLAND RD YORK, PA 17403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DYER, GILFORD 1100 WETHERBURN DR. YORK, PA 17404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEAVER, ALLEN R 509 ORCHARD RD... LEMOYNE, PA 17043

DO NOT WRITE IN THIS SPACE

000000240351
 02/23/05-80028-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Allen R. Weaver 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #