
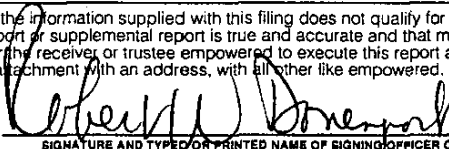


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90117 019 ***150.00

DOCUMENT # F96000002700					
1. Entity Name GROW AMERICA FUND, INC.					
Principal Place of Business 51 EAST 42ND STREET, SUITE 300 NEW YORK, NY 10017			Mailing Address 51 EAST 42ND STREET, SUITE 300 NEW YORK, NY 10017		
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 13-3641265	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAPF, GEORGE 1153 SECOND AVENUE, S. TIERRA VERDE, FL 33715			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C DAVENPORT, ROBERT W <input type="checkbox"/> Delete 5 EAST 22ND STREET NEW YORK, NY 10010		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVC FINNEGAN, ANN M <input type="checkbox"/> Delete 29 MARNE STREET WATERVLIET, NY 12189		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FINKE, JOHN A <input type="checkbox"/> Delete 2108 N. 39TH SEATTLE, WA 98103		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LOVELAND, SARA L <input checked="" type="checkbox"/> Delete 5 EAST 22ND STREET NEW YORK, NY 10010		TITLE NAME STREET ADDRESS CITY- ST- ZIP	President CHARLES I. HULL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18 ODELL AVE Yonkers, ny 10701	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD VOGT, ANN <input type="checkbox"/> Delete 18 MT TOM RD NEW ROCHELLE, NY 10805		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LANG, BARRY J <input type="checkbox"/> Delete 5980 E TERRA GRANDE TUCSON, AZ 85750		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Robert W. Davenport		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/17/05 Daytime Phone #: 212-682-1106		