


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002700 1. Entity Name GROW AMERICA FUND, INC.	
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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
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03152006 No Chg-P CR2E034 (11/05)

4. FEI Number **13-3641265** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STAFF, GEORGE 1153 SECOND AVENUE, S. TIERRA VERDE, FL 33715

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	C DAVENPORT, ROBERT W 5 EAST 22ND STREET NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINNEGAN, ANN M 29 MARNE STREET WATERVLIET, NY 12189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINKE, JOHN A 2108 N. 39TH SEATTLE, WA 98103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULL, CHARLES L. 18 O'DELL AVE YONKERS, NY 10701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOGT, ANN 18 MT TOM RD NEW ROCHELLE, NY 10805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, BARRY J 5980 E TERRA GRANDE TUCSON, AZ 85750

U00000483898
04/12/06-80018-014 150.00

**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: Ann Finnegan ANN FINNEGAN 3/17/06 (212) 682-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #