

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003983

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: GRS INSURANCE GROUP, INC.

## Current Principal Place of Business:

6932 SCARLETT OAK DRIVE  
ELKRIDGE, MD 21075

## New Principal Place of Business:

## Current Mailing Address:

ATTN: COFO  
ONE TOWNE SQUARE SUITE 800  
SOUTHFIELD, MI 480763723 US

## New Mailing Address:

FEI Number: 38-3331200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GABRIEL ROEDER SMITH & CO  
4880 NEWBERRY ROAD  
STE. 180  
GAINESVILLE, FL 32607 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: SHEPPARD, LISA  
Address: 6932 SCARLET OAK DR.  
City-St-Zip: ELKRIDGE, MD 21075 US

Title: PTD ( ) Delete  
Name: DAVIS, F. KENNETH  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: S ( ) Delete  
Name: WILLIAMS, SHIRL  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F KENNETH DAVIS

P

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date