

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005988

1. Entity Name
THE GROW STORE, INC.



Principal Place of Business
**8644 WEST COLFAX AVENUE
LAKEWOOD, CO 80215**

Mailing Address
**8644 WEST COLFAX AVENUE
LAKEWOOD, CO 80215**



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1447421

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

*In accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.*

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTCD
WATSON, CHARLES
8644 WEST COLFAX AVENUE
LAKEWOOD, CO 80215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
WATSON, PAMELA
8644 WEST COLFAX AVENUE
LAKEWOOD, CO 80215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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08/17/06-80004-002 150.00

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: Charles A Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06

Date

303-205-0350

Daytime Phone #