

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 08:00 AM
Secretary of State



DOCUMENT # G19632 1. Entity Name GROSCURTH EQUIPMENT, INC.				4. FEI Number 59-2264963		Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business % R.H. GROSCURTH, JR. 816 W. ELM ST TAMPA FL 33604		Mailing Address % R.H. GROSCURTH, JR. 816 W. ELM ST TAMPA FL 33604		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
2. Principal Place of business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		6. Name and Address of Current Registered Agent GROSCURTH, R.H., JR. 816 W. ELM ST TAMPA FL 33604		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
City & State		City & State		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.			
Zip		Country		SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	DP GROSCURTH, R H 816 W ELM ST TAMPA, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add UN0001452846 03/18/06 80002-021 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GROSCURTH, N.A 816 WELM ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURES **R.H. Groscurth Jr Pres 2-24-06 933-37**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #