

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G43047

1. Entity Name
GROZA'S, INC.



Principal Place of Business
704 S.W. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34953 US

Mailing Address
704 S.W. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34953 US



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2453096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GROZA, JOHN A.
1417 S.W. OSPREY COVE
PORT SAINT LUCIE, FL 34983

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROZA, ROSEMARY
STREET ADDRESS	1305 SW BENT PINE
CITY-ST-ZIP	PT ST LUCIE, FL 34986
TITLE	DP
NAME	GROZA, JOHN A
STREET ADDRESS	1417 SW OSPREY COVE
CITY-ST-ZIP	PT ST LUCIE, FL 34986
TITLE	V
NAME	GROZA, BRETT, A
STREET ADDRESS	1305 SW BENT PINE
CITY-ST-ZIP	PT ST LUCIE, FL 34986
TITLE	S
NAME	ANSARA, ROSEMARY
STREET ADDRESS	1305 SW BENT PINE
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	S
NAME	GROZA, PATRICIA, A
STREET ADDRESS	1417 SW OSPREY COVE
CITY-ST-ZIP	PT ST LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia A Groza PATRICIA A GROZA 5/3/04 7723367653