

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G77925**

1. Entity Name  
**GROSVENOR BUILDING SERVICES, INC.**



Principal Place of Business  
**3398 PARKWAY CENTER CT.  
ORLANDO, FL 32808**

Mailing Address  
**3398 PARKWAY CENTER CT.  
ORLANDO, FL 32808**



05312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2363375</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MC CAULEY, RITA  
805 EUCLID AVE  
ORLANDO, FL 32801**

**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's signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MCCAULEY, RITA T 805 EUCLID AV ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MCCAULEY, RITA M 805 EUCLID AV ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCAULEY, BERNARD 805 EUCLID AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCAULEY, DESMOND 805 EUCLID AV ORLANDO, FL 32801
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06/07/06-80001-003 158.75

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #