

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90057 001 ***300.00

DOCUMENT # H18535

1. Entity Name

GROSE'S DATA STORAGE CENTERS, INC.



Principal Place of Business
1270 GROSE RD
FORT PIERCE FL 34982

Mailing Address
1270 GROSE RD
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

1270 Grose Road

Suite, Apt. #, etc.

3. Mailing Address

1270 Grose Road

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Ft Pierce, FL

City & State
Ft Pierce, FL

4. FEI Number 59-2475413

Applied For

Not Applicable

Zip
34982

Country
St Lucie

Zip
34982

Country
St Lucie

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSE, F. E.
1270 GROSE ROAD
FT PIERCE FL 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
GROSE, F E
1270 GROSE ROAD
FT PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-07

772-464-3331