
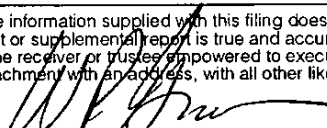


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90172 049 \*\*\*150.00

<b>DOCUMENT # J53599</b> 1. Entity Name <b>GRUNER, INC.</b>					
Principal Place of Business <b>125 HERITAGE CIRCLE ORMOND BCH FL 32174</b>				Mailing Address <b>125 HERITAGE CIRCLE ORMOND BCH FL 32174</b>	
2. Principal Place of Business <b>714 ALCAZAR</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 102</b> Suite, Apt. #, etc.			
City & State <b>ORMOND BCH FL</b>		City & State <b>E. FLAT ROCK, N.C.</b>			
Zip <b>32174</b>		Country <b>USA</b>		Zip <b>28726</b>	
Country <b>USA</b>		4. FEI Number <b>59-2757060</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRUNER, WALTER P. 125 HERITAGE CIR ORMOND BCH FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRUNER, WALTER P. 125 HERITAGE CIR. ORMOND BEACH FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, P.A. 125 HERITAGE CIR. ORMOND BEACH FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. GRUNER, WALTER P P.O. BOX 102 E. FLAT ROCK, N.C. 28726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, P.A. P.O. BOX 102 E. FLAT ROCK, N.C. 28726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, P.A. P.O. BOX 102 E. FLAT ROCK, N.C. 28726	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, P.A. P.O. BOX 102 E. FLAT ROCK, N.C. 28726	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, P.A. P.O. BOX 102 E. FLAT ROCK, N.C. 28726	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNER, P.A. P.O. BOX 102 E. FLAT ROCK, N.C. 28726	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>W. P. GRUNER</b> <b>3/3/05</b> <b>386 290-0145</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					