

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000012405

1. Entity Name  
GROSS FINANCIAL SERVICES, INC.



Principal Place of Business  
3210 S. OCEAN BLVD., STE. 804  
HIGHLAND BEACH, FL 33487 US

Mailing Address  
3210 S. OCEAN BLVD., STE. 804  
HIGHLAND BEACH, FL 33487 US



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0983831 Applied For Not Applicable

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

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

GROSS, WILLIAM  
3210 S. OCEAN BLVD., STE. 804  
HIGHLAND BEACH, FL 33487

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000579986  
01/10/07-80029-008 158.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME GROSS, WILLIAM  
STREET ADDRESS 3210 SOUTH OCEAN BLVD., #804  
CITY - ST - ZIP HIGHLAND BEACH, FL 33487

TITLE VP  
NAME GROSS, KAREN  
STREET ADDRESS 3210 SOUTH OCEAN BLVD., #804  
CITY - ST - ZIP HIGHLAND BEACH, FL 33487

TITLE  
NAME  
STREET ADDRESS  
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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 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 #

1/4/07 561-945-8777