

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000060270

1. Entity Name  
P.A. GROSSMAN ENTERPRISES, INC.



Principal Place of Business  
1668 CANOE CREEK ROAD  
OVIEDO, FL 32766

Mailing Address  
1668 CANOE CREEK ROAD  
OVIEDO, FL 32766



02112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3655768 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, PATRICIA A  
1668 CANOE CREEK ROAD  
OVIEDO, FL 32766

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 GROSSMAN, PATRICIA A  
STREET ADDRESS 1668 CANOE CREEK ROAD  
CITY-ST-ZIP OVIEDO, FL 32766

TITLE S/T  
NAME GROSSMAN, WILLIAM H  
STREET ADDRESS 1668 CANOE CREEK ROAD  
CITY-ST-ZIP OVIEDO, FL 32766

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

000000436507  
02/28/06-80004-005 150.00

**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: *Patricia A. Grossman* PATRICIA A. GROSSMAN 2/11/06 401-366-0937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #