


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000009730  
 1. Entity Name  
 GROVE HEAVY EQUIPMENT SALES AND RENTALS, INC.



Principal Place of Business 12980 NW 30AVE. PO BOX 540147 OPA LOCKA, FL 33054	Mailing Address 12980 NW 30AVE. PO BOX 540147 OPA LOCKA, FL 33054
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**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1072657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BART UPTHEGROVE  
 12980 NW 30 AVENUE  
 OPA LOCKA, FL 33054

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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 NAME STREET ADDRESS CITY-ST-ZIP	P UPTHEGROVE, BART 12980 NW 30 AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UPTHREGROVE, ROBERT 12980 NW 30 AVENUE OPA LOCKA, FL 33054
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 05/09/06-80079-007 150.00

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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: Bart Upthegrove Robert Upthegrove 4-24-06 305-688-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #