

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000034056 1. Entity Name GROELLE & SALMON, P.A.	
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Principal Place of Business 12012 SOUTH SHORE BOULEVARD SUITE 200 WELLINGTON, FL 33414 US	Mailing Address 12012 SOUTH SHORE BOULEVARD SUITE 200 WELLINGTON, FL 33414 US
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1093512	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALMON, DAVID J 2038 KANSAS AVENUE, NE ST. PETERSBURG, FL 33703

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

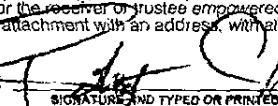
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000560062
05/18/06-80024-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GROELLE, ROBERT C 12012 SOUTH SHORE BOULEVARD, SUITE 200 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALMON, DAVID J 2038 KANSAS AVE., N.E. SAINT PETERSBURG, FL 33703
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**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:  President 4/27/06 561-963-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #