


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90009 036 \*\*\*150.00

DOCUMENT # P01000052982		
1. Entity Name ARTHUR GROSSMAN INC.		

Principal Place of Business ARTHUR GROSSMAN 4666A FINCHWOOD TERRACE BOYNTON BEACH, FL 33436	Mailing Address ARTHUR GROSSMAN 4666A FINCHWOOD TERRACE BOYNTON BEACH, FL 33436
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24081513



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1009168		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  KIESLING, ROBERT A 4793 N CONGRESS AVE, #206 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name <u>GROSSMAN, ARTHUR</u> Street Address (P.O. Box Number is Not Acceptable) <u>4666A FINCHWOOD TERRACE</u> City <u>BOYNTON BCH</u> FL Zip Code <u>33436</u>

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 Arthur Grossman (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSMAN, ARTHUR 4666A FINCHWOOD TERRACE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arthur Grossman DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
24081915  
PO1000052982

Aug 23, 2004

To whom this may concern -

Of course I am aware of how late I am sending in my fee. Due to a series of very debilitating illnesses, I have not been able to function properly. All of my paperwork has suffered along with my health. I live alone and have no one to assist me. I am in arrears in my bills as well. It would be much appreciated if you would kindly accept my late fee and keep my status secure since I assure you, the penalty would severely harm me and does not indicate an unwillingness on my part to abide by the regulation payment deadlines. I'm Eight two years of age and getting back on my feet literally, and promise to certainly get my next years fee in on time.

Thank you,

Arthur Grossman

Excuse the poor handwriting! I had to hold the pen steadily