


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000055288
 1. Entity Name
 GROUND WORKS PLUS, INC.



Principal Place of Business _____ Mailing Address _____
 1357 NE OCEAN BLVD 1357 NE OCEAN BLVD
 201 201
 STUART, FL 34996 STUART, FL 34996

DO NOT WRITE IN THIS SPACE



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1113161 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CUSA, BETTY M
 1357 NE OCEAN BLVD
 201
 STUART, FL 34996

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD CUSA, BETTY M 1357 NE OCEAN BLVD #201 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CUSA, ANTONIO 1357 NE OCEAN BLVD #201 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/28/05-80001-002 150.00

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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)(f), 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: Antonio Cusa ANTONIO CUSA DV MARCH 31, 2005 772-334-4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #