

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT# P02000065432 1. Entity Name GRM VENTURES, INC.	
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Principal Place of Business 615 1/2 DUVAL STREET KEY WEST, FL 33040	Mailing Address 1547 FIFTH ST KEY WEST, FL 33040
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0642422

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARTMAN, GREG
1547 FIFTH ST
KEY WEST, FL 33040

**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

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, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000109596
04/12/04-80049-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARTMAN, GREG 1547 5TH ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMGR SIROEL, MARCIA 1128 FLAGLER AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARTMAN, DON 1120 FLAGLER AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Greg Artman GREG ARTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04
Date

305 292-7116
Daytime Phone #