


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-08-2005 90044 029 ***150.00

DOCUMENT # P03000030328			
1. Entity Name GROW-MOR COLLECTION, INC.			
Principal Place of Business 2061 SW 136TH AVENUE DAVAIE FL 33325		Mailing Address 2061 SW 136TH AVENUE DAVAIE FL 33325	
2. Principal Place of Business <i>2061 SW 136 Ave</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>DAVIE FLA</i>		City & State <i>DAVIE, FLA</i>	
Zip <i>33325</i>		Country <i>USA</i>	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANIATAS, NICHOLAS J 2061 SW 136TH AVENUE DAVIE FL 33325		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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 <i>Nicholas J Maniatis</i>		DATE <i>7/25/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (NOT APPLICABLE)		(NOTE Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. MANIATIS, NICOLAS J 2061 SW 136TH AVE. DAVIE FL 33325 <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	MR JOSEPH PHILLIPS 2061 SW 136th Ave DAVIE, FLA, 33325 <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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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
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 info empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>8/15/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

060026195

8-19-05

FLA DEPT OF STATE
ANNUAL REPORTS SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLA 32314

GROW-MON COLLECTION
2061 SW 136 AVE
DAVIE, FLA, 33325

REF PO 30000 30328

R12:

WE GOT NO NOTICE FOR TAX DUE AND
NO WAY TO CALL SOME ONE FOR A TAX RETURN
TO PAY THIS FEE. THE DAY WE GOT THE
NOTICE OF INTENT WE SENT THE COUPON FOR
THE TAX FORM. THE DAY WE GOT THE TAX
FORM WE MAILED OUT THE 150.⁰⁰.

(MAILED 7/25/05 - CASHED 8/11/05)

SOMETHING HAS TO BE DONE TO MAKE IT
SIMPLE FOR SOMEONE TO GET THESE FORM IN
A TIMELY FASHION. I DON'T SEE HOW WE CAN
BE RESPONSIBLE FOR THE TIMING. WE WERE
LOOKING FOR THIS FORM SINCE APRIL WITH
NOTHING BUT LONG WAITS ON THE PHONE.