### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P03000147257

1. Entity Name

GERALD M. GROE, PH.D. & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

11253 28TH STREET CIRCLE EAST PARRISH, FL 34219

P.O. BOX 3018 SARASOTA, FL 34230-3018

## FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90055 043 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0499465

Applied For Not Applicable

5. Certificate of Status Desired 

S8

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GANS, RICHARD R 1515 RINGLING BOULEVARD 10TH FLOOR SARASOTA, FL 34236

# DO NOT WRITE IN THIS SPACE

SARASOTA, FL 34236			IN THIS SPACE			
	named entity submits this statement for the ptions of registered agent.	burpose of changing its registered	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS GROE, GERALD M  11253 28TH STREET CIR. EAST 3  PARRICH, FL-31219 Low by	· · · · · · · · · · · · · · · · · · ·				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

STREET ADDRESS CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

Daylime Phone #