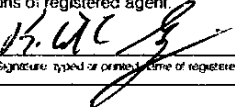


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 017 ***150.00

DOCUMENT # P03000154337 1. Entity Name R. C. GROLZ, INC.					
Principal Place of Business 746 CHESTNUT AVE ORANGE CITY, FL 32763			Mailing Address 230 COLBURN DRIVE DEBARY, FL 32713		
2. Principal Place of Business 54 Maplehurst Ave Suite, Apt. #, etc.		3. Mailing Address 54 Maplehurst Ave Suite, Apt. #, etc.			
City & State DeBary FL		City & State DeBary FL		4. FEI Number 54-2137658	
Zip 32713		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROLZ, ROBERT C 230 COLBURN DRIVE DEBARY, FL 32713			7. Name and Address of New Registered Agent Name Grolz, Robert C Street Address (P.O. Box Number is Not Acceptable) 54 Maplehurst Ave City DeBary FL Zip Code 32713		
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  Robert C. Grolz DATE 1-17-06 Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ☐ Delete GROLZ, ROBERT C 230 COLBURN DRIVE DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 54 Maplehurst Ave DeBary FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GROLZ, CORA 230 COLBURN DRIVE DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 54 Maplehurst Ave DeBary FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  Robert C. Grolz, Pres. 1/17/06 386-561-0241 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					