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	Mailing Address
746 CHESTNUT AVE ORANGE CITY, FL 32763	230 COLBURN DRIVE DEBARY, FL 32713

01162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
54 Maplehurst Ave	54 Maplehurst Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeBary FL	City & State: DeBary FL
Zip: 32713 Country: USA	Zip: 32713 Country: USA

4. FEI Number: 54-2137658 — Applied For / Not Applicable

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: [signature] Robert C. Grolz 1-17-06
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, 2006 Fee will be $550.00

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 GROLZ, ROBERT C 230 COLBURN DRIVE DEBARY, FL 32713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 54 maplehurst Ave DeBary FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROLZ, CORA 230 COLBURN DRIVE DEBARY, FL 32713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 54 maplehurst Ave DeBary FL 32713
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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: [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 #