2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State
07-10-2006 90025 012 ***150.00

DOCUMENT # P04000077424

1. Entity Name
JOHN GROOM, INC.

50021939

Principal Place of Business	Mailing Address
27124 HICKORY HILL RD BROOKSVILLE, FL 34602	27124 HICKORY HILL RD BROOKSVILLE, FL 34602

07052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		PO Box 249	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Brooksville FL	
Zip	Country	Zip: 34605	Country: HERNANDO

4. FEI Number: 20-1151338 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROOM, JOHN
27124 HICKORY HILL RD
BROOKSVILLE, FL 34602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROOM, JOHN 27124 HICKORY HILL RD BROOKSVILLE, FL 34602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: John Groom Pres. 7-5-06 813-417-9347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #