

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082762

Entity Name: GROW-MAX, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

4726 TAMBAY AVE
TAMPA, FL 336112949

New Principal Place of Business:

4726 TAMBAY AVE
TAMPA, FL 336111110

Current Mailing Address:

4726 TAMBAY AVE
TAMPA, FL 336112949

New Mailing Address:

P.O. BOX 130095
TAMPA, FL 336810095 US

FEI Number: 20-1314840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, WINFORD
4726 TAMBAY AVE
TAMPA, FL 336112949 US

Name and Address of New Registered Agent:

FOWLER, WINFORD D
4726 TAMBAY AVE
TAMPA, FL 336111110 US

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.

SIGNATURE: WINFORD FOWLER

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOWLER, WINFORD
Address: 4726 TAMBAY AVE
City-St-Zip: TAMPA, FL 336112949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINFORD FOWLER

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date