


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90065 018 \*\*\*150.00

**DOCUMENT # P04000134725**  
 1. Entity Name  
**GROTHE SERVICES, INC.**



Principal Place of Business      Mailing Address  
 5842 TRINITY LANE                      5842 TRINITY LANE  
 ORLANDO, FL 32839                      ORLANDO, FL 32839

**DO NOT WRITE IN THIS SPACE**

66021131



D4172006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
 34-2018943                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GROTHE, WOLFRAM A  
 5842 TRINITY LANE  
 ORLANDO, FL 32839

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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: Wolfram A. Grothe                      DATE: April 29, 2006  
Signature, typed or printed name of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when remaining)

**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

TITLE	<u>VP</u>
NAME	<u>GROTHE, WOLFRAM A      VICE PRESIDENT</u>
STREET ADDRESS	<u>5842 TRINITY LANE      AND TREASURER AND</u>
CITY - ST - ZIP	<u>ORLANDO, FL 32839      SEC.</u>
TITLE	<u>PRESIDENT</u>
NAME	<u>GROTHE, EVAN G.      PRESIDENT</u>
STREET ADDRESS	<u>2720 BRIN ROAD</u>
CITY - ST - ZIP	<u>ORLANDO, FL 32806</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Wolfram A. Grothe                      DATE: April 29, 2006    407-857-5679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #