


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90186 028 \*\*\*150.00

<b>DOCUMENT # P05000123501</b>		
1. Entry Name <b>GRIP THE MIC STUDIO &amp; PRODUCTIONS INC.</b>		

Principal Place of Business <b>4935 SERAFICA DRIVE LAKE WORTH, FL 33461 US</b>	Mailing Address <b>4935 SERAFICA DRIVE LAKE WORTH, FL 33461 US</b>
---	---

40070097



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02212006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3419446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JONES, WILLIAM P JR 4935 SERAFICA DRIVE LAKE WORTH, FL 33461</b>		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's 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	P	TITLE	
NAME	JONES, WILLIAM P JR	NAME	
STREET ADDRESS	4935 SERAFICA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	CLEMENTS, SHAWN A	NAME	
STREET ADDRESS	4935 SERAFICA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JONES, LINDA P	NAME	
STREET ADDRESS	4935 SERAFICA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*William P Jones, Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06 561-541-7608