

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092006 Chg-P CR2E034 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

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 *John Grover* DATE *9/15/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. 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	PSD	<input type="checkbox"/> Delete	TITLE	825 NE 10th Av	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVER, JOHN H		NAME	Pompano Beach, FL 33060	
STREET ADDRESS	4321 W. MCNAB RD., SUITE 20		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33069		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	825 NE 10th Av	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVER, JANICE		NAME	Pompano Beach, FL 33060	
STREET ADDRESS	4321 W. MCNAB RD., SUITE 20		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	70008019400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	09/26/06--01075--007 **150.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: *X John Grover* DATE: *9/15/06* (954) 968-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P05000147216					
1. Entity Name GROVER ENTERPRISES, INC.					
Principal Place of Business 4321 W. MCNAB RD., SUITE 20 POMPANO BCH, FL 33069		Mailing Address 4321 W. MCNAB RD., SUITE 20 POMPANO BCH, FL 33069			
2. Principal Place of Business 825 NE 10th Av Suite, Apt. #, etc. Pompano Beach City & State FL		3. Mailing Address 825 NE 10th Av Suite, Apt. #, etc. Pompano Beach City & State FL			
Zip 33060	Country Broward	Zip 33060	Country Broward		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 <i>John Grover</i> DATE <i>9/15/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
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