FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90191 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000013676

1. Entity Name
GRRS & PURRS, INC.

Principal Place of Business	Mailing Address
~~1881 W BERESFORD AVE~~	~~1881 W BERESFORD AVE~~
~~DELAND, FL 32720~~	~~DELAND, FL 32720~~

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 101 W Rich Ave	3. Mailing Address: 101 W Rich Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland Florida	City & State: Deland Florida
Zip: 32720 Country: Volusia	Zip: 32720 Country: Volusia

4. FEI Number: 51 0565 881 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STACY A ECKERT PA
2445 S VOLUSIA AVE SUITE C-3
ORNAGE CITY, FL 32763

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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GLUCH, PAULA W	
STREET ADDRESS	1881 W BERESFORD AVE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	☐ Delete
NAME	ECKERT, HEDY J	
STREET ADDRESS	350 NORA LANE	
CITY-ST-ZIP	LAKE HELEN, FL 32744	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Paula W Gluch PAULA W. GLUCH 1-12-07 386-738-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #