## 2008 FOR PROFIT CORPORATION

DIVE NAME STREET ADDRESS CITY-ST-7IP RILE

STREET ADDRESS CITY-ST-ZIP

## **FILED** ANNUAL REPORT Apr 10, 2008 08:00 Al Secretary of State DOCUMENT # P06000150062 1. Entity Name GRÖSZ FÁMILY CORPORATION Principal Place of Business Mailing Address 17500 US HWY 441 PO BOX 300 ORANGE PARK, FL 32681 ORANGE LAKE, FL 32681 CR2E034 (11/05) 04092008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3240748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TRENTELMAN, JOHN C DO NOT WRITE 207 N MAGNOLIA AVENUE OCALA, FL 34475 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GROSZ, ESMOND A JR. NAME STREET ADDRESS **PO BOX 300** CITY-ST-ZIP ORANGE LAKE, FL 32681 VPST DILE GROSZ, MALINDA R NAME U00000889211 04/22/08-80043-022 150.00 STREET ADDRESS **PO BOX 300** CITY-ST-ZIP ORANGE LAKE, FL 32681 HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 1 hereby certify that the information supplied with this filling 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: Esmane a le 1	Esmond A Grosz Jr	4-09-2008	359-591-1010
SIGNATURE AND TYPED OR PRINTED NAME BY SIGN	ING OFFICER OR DIRECTOR	Date	Daytime Phone #