

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000048692

1. Entity Name
GROSZ & STAMPER CONSTRUCTION CO., INC.



Principal Place of Business
**904 W. RAMBLA ST.
TAMPA, FL 33612**

Mailing Address
**904 W. RAMBLA ST.
TAMPA, FL 33612**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSZ, TIMOTHY
504 W. RAMBLA STREET
TAMPA, FL 33612**

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**UD00000163589
07/07/04-80009-004 550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STAMPER, NEAL E
STREET ADDRESS	904 W. ROMBLA ST.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	P
NAME	STAMPER, NEAL E.
STREET ADDRESS	904 W. ROMBLA ST.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VP
NAME	GROSZ, TIMOTHY L.
STREET ADDRESS	904 W. RAMBLA ST.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	S
NAME	GROSS, TIMOTHY L.
STREET ADDRESS	9310 N. 16TH ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	STAMPER, NEAL E.
STREET ADDRESS	904 W. ROMBLA ST.
CITY-ST-ZIP	TAMPA, FL 33612
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/04 8D-930-0664