

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90167 040 \*\*\*150.00

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04092004 Chg-P CR2E034 (10/03)

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P96000036479</b><br>1. Entity Name<br><b>GROFF &amp; ASSOCIATES, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>11125 PARK BLVD #104-342<br/>SEMINOLE, FL 33772</b>   |  |  | Mailing Address<br><b>11125 PARK BLVD #104-342<br/>SEMINOLE, FL 33772</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   | 4. FEI Number<br><b>59-3382474</b><br><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| City & State  |  | City & State   |   |   |  |
| Zip      Country  |  | Zip      Country   |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |   | 6. Name and Address of Current Registered Agent<br><br><b>GROFF, ARTHUR D II<br/>11125 PARK BLVD #104-342<br/>SEMINOLE, FL 33772</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____   |  |  |   |   |  |
| B. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | D <input type="checkbox"/> Delete<br><b>GROFF, ARTHUR D<br/>11125 PARK BLVD #104-342<br/>SEMINOLE, FL 33772</b>        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br>TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| 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 life empowered. |  |  |   |   |  |
| <b>SIGNATURE:</b> <b>4/29/04</b> <b>727-393-3110</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |   |  |