

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90104 015 ***155.00

DOCUMENT # P96000036479

1. Entity Name
GROFF & ASSOCIATES, INC.



Principal Place of Business
**11125 PARK BLVD #104-342
 SEMINOLE, FL 33772**

Mailing Address
**11125 PARK BLVD #104-342
 SEMINOLE, FL 33772**

50050486

2. Principal Place of Business
**10118 63rd Av
 Suite, Apt. #, etc.
 Seminole, FL**

3. Mailing Address
**10118 63rd Av
 Suite, Apt. #, etc.
 Seminole, FL**

City & State



01052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3382474

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GROFF, ARTHUR D II
 11125 PARK BLVD #104-342
 SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent
 Name: **ARTHUR D. GROFF II**
 Street Address (P.O. Box Number is Not Acceptable): **10118 63rd Av**
 City: **Seminole, FL**
 Zip Code: **33772**

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: *Arthur D Groff II* DATE: **4/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROFF, ARTHUR D 11125 PARK BLVD #104-342 SEMINOLE, FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Arthur D Groff II* DATE: **4/28/05** DAYTIME PHONE #: **727 392 7935**

Signature and typed or printed name of signing officer or director