

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-06-2005 90104 015 \*\*\*155.00

<b>DOCUMENT # P96000036479</b> 1. Entity Name <b>GROFF &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>11125 PARK BLVD #104-342 SEMINOLE, FL 33772</b>			Mailing Address <b>11125 PARK BLVD #104-342 SEMINOLE, FL 33772</b>		
2. Principal Place of Business <b>10118 63rd Av Suite, Apt. #, etc. SEMINOLE, FL</b>			3. Mailing Address <b>10118 63rd Av Suite, Apt. #, etc. SEMINOLE, FL</b>		
City & State <b>SEMINOLE, FL</b>			City & State <b>SEMINOLE, FL</b>		
Zip <b>33772</b>		Country <b>USA</b>		Zip <b>33772</b>	
Country <b>USA</b>		4. FEI Number <b>59-3382474</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>GROFF, ARTHUR D II 11125 PARK BLVD #104-342 SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name <b>ARTHUR D. GROFF II</b> Street Address (P.O. Box Number is Not Acceptable) <b>10118 63rd Av</b> <b>SEMINOLE, FL</b> City <b>FL</b> Zip Code <b>33772</b>		
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 <u>Arthur D. Groff II</u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>GROFF, ARTHUR D</b> STREET ADDRESS <b>11125 PARK BLVD #104-342</b> CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 empowerment.					
SIGNATURE: <u>Arthur D. Groff II</u> DATE <u>4/28/05</u> DAYTIME PHONE # <u>727 392 7935</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50050486**



01052005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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

Name  
**ARTHUR D. GROFF II**

Street Address (P.O. Box Number is Not Acceptable)  
**10118 63rd Av**

**SEMINOLE, FL**

City  
**FL** Zip Code  
**33772**

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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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GROFF, ARTHUR D</b>
STREET ADDRESS	<b>11125 PARK BLVD #104-342</b>
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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