


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 038 ***150.00

DOCUMENT # P96000072637	
1. Entity Name DAD'S GROTCH, INC.	

Principal Place of Business 518 N RIVERPOINT DR STUART, FL 34994 US	Mailing Address 1111 NE Frances Street 6486 NW 5 WAY FORT LAUDERDALE, FL 33309 US
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Jensen Beach FL 34957



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GEIGER, EILEEN 518 N RIVERPOINT DR STUART, FL 34994
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	D. L. GEIGER, President (NOTE: Registered Agent signature required when reinstating)
	Apr 24, 06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, EILEEN 518 N RIVERPOINT STUART, FL <i>1111 NE Frances St Jensen Beach, FL 34957</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, D.L. 518 N RIVERPOINT STUART, FL <i>1111 NE Frances St Jensen Beach, FL 34957</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	772-232-2076 Apr 24, 06 Date Daytime Phone #