2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

ANNUAL REPORT							
DOCUMEN 1. Enlity Name GRUBBS & GRU							
Principal Place of Busin	ess	Mailing Address					
738 COLORADO AVE STUART, FL 34994	US	738 COLORADO AVE Stuart, FL 34994	US				
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DO NOT WRITE IN THIS SPACE

242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0768465

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent
 ROBERT W

GRUBBS, ROBERT W 10546 158TH STREET NORTH JUP!TER, FL 33478 DO NOT WRITE IN THIS SPACE

			a who seems of the				
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, typed or printed name of registered agent and bite if applicable. (NOTE. Registered			ered Agent signature required when reinstating)	DATE			
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		n. Added to Fees					
10.	OFFICERS AND DIREC	CTORS	and the second	The second secon			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this contained in Chapter 119, Florida Statutes.							

12. Inereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

112/07 412

712 223-4600

Daytime Phone #