


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90007 021 \*\*\*150.00

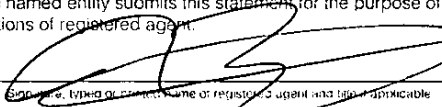
<b>DOCUMENT # P98000017905</b>		
1. Entity Name <b>GROG HOUSE, INC.</b>		
Principal Place of Business <b>1718 WEST UNIVERSITY AVE. GAINESVILLE FL 32603</b>		Mailing Address <b>232 SW 128TH TERR NEWBERRY FL 32669</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>10974 SW 11th Lane</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State <b>Gainesville, FL</b>
Zip	Country	Zip <b>32607</b> Country <b>USA</b>



2nd MOORE CR2E034 (4/07)

4. FEI Number <b>59-3493891</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ZELLER, ROBERT T 232 SW 128TH TERR NEWBERRY FL 32669</b>		7. Name and Address of New Registered Agent Name: <b>ROBERT T. ZELLER</b> Street Address (P.O. Box Number is Not Acceptable): <b>10974 SW 11th Lane</b> City: <b>Gainesville</b> FL Zip Code: <b>32607</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:  **ROBERT T. Zeller - pres.** DATE: **7/17/07**

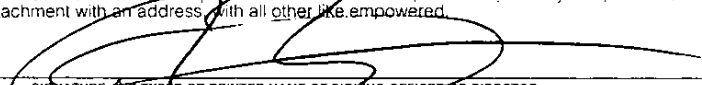
**FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S. allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.  **my office moved & never got notice (mail forwarding mistake)**

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

10. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZELLER, ROBERT T 232 SW 128TH TERR NEWBERRY FL 32669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S KUYKENDALL, CASEY JO 1015 SW 9TH STREET UNIT 83 GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  DATE: **7/17/07** DAYTIME PHONE #: **352 514 0409**