

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061650

Entity Name: GRB SALES INC.

FILED  
Apr 16, 2005  
Secretary of State

## Current Principal Place of Business:

2740 SW MARTIN DOWNS, STE 104  
PALM CITY, FL 34990

## New Principal Place of Business:

2740 SW MARTIN DOWNS BLVD.  
SUITE #104  
PALM CITY, FL 34990

## Current Mailing Address:

2740 SW MARTIN DOWNS, STE 104  
PALM CITY, FL 34990

## New Mailing Address:

2740 SW MARTIN DOWNS BLVD.  
SUITE#104  
PALM CITY, FL 34990

FEI Number: 65-0852266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIRDSALL, GENE  
568 SW HIDDEN RIVER AVE  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BIRDSALL, GENE  
Address: 508 SW HIDDEN RIVER AVE  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: STERN, LORRAINE  
Address: 568 SW HIDDEN RIVER AVE  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BIRDSALL, GENE  
Address: 568 SW HIDDEN RIVER AVE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE STERN

D

04/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date