


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 014 ***150.00

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|--|---|----------------------------|--|--|--|
| DOCUMENT # P99000054532 1. Entity Name GRS, INC. | | | |  | |
| Principal Place of Business 1567 WHISPERING OAKS CIR. NAPLES, FL 34110 | | | | Mailing Address 1567 WHISPERING OAKS CIR. NAPLES, FL 34110 | |
| 2. Principal Place of Business 10380 Plumbago Pointe Drive | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. Drive | | Suite, Apt. #, etc. | | | |
| City & State Bonita Springs, FL | | City & State | | | |
| Zip 34135 | | Country US | | 4. FEI Number 59-3590580 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SOLOMON, JERRY 1567 WHISPERING OAKS CIR. NAPLES, FL 34110 | | | | 7. Name and Address of New Registered Agent Name Jerry Solomon Street Address (P.O. Box Number is Not Acceptable) 10380 Plumbago Pointe Drive City Bonita Springs FL Zip Code 34135 | |
| 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>Jerry Solomon, V.P.</u> DATE <u>1-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SOLOMON, JERRY 1567 WHISPERING OAKS CIRCLE NAPLES, FL 34110 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Jerry Solomon 10380 Plumbago Pointe Drive Bonita Springs, FL 34135 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Jerry Solomon V.P.</u> DATE <u>1-25-06</u> DAYTIME PHONE # <u>239-498-6767</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |