

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000093886

1. Entity Name
GRIP ARMS & LAMP HEADS, INC.



Principal Place of Business
**12731 MOORPARK ST
APT 1
STUDIO CITY, CA 91604 US**

Mailing Address
**973 SEMINOLE WOODS BLVD.
GENEVA, FL 32732**



05182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2502449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, RODNEY
913 SEMINOLE WOODS BLVD.
GENEVA, FL 32732**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENRY, OLIVER
STREET ADDRESS	12731 MOORPARK ST
CITY- ST- ZIP	STUDIO CITY, CA

TITLE	ST
NAME	HENRY, RODNEY
STREET ADDRESS	913 SEMINOLE LEAWOOD BLVD
CITY- ST- ZIP	GENEVA, FL 32732

TITLE	
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CITY- ST- ZIP	

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05/20/05-80002-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/05 407-281-1948
Date Daytime Phone #