

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90049 013 ***150.00

DOCUMENT # S04834

1. Entity Name
RICHARD M. GROFF ADVISORY SERVICES CORP.



Principal Place of Business
**13780 PONDVIEW CIRCLE
NAPLES, FL 34119 US**

Mailing Address
**P.O. BOX 1389
BONITA SPRINGS, FL 34133-1389 US**

50030639



DO NOT WRITE IN THIS SPACE

03082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0219292

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GEHRKE, CAHRLES R
3001 TAMIAMI TRAIL N
2375 TAMIAMI TRAIL NORTH, SUITE 306
NAPLES, FL 33941**

**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

JOAN JOHNSON-GROFF

JOAN JOHNSON-GROFF

3/21/05

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
JOHNSON-GROFF, JOAN C
13780 PONDVIEW CIRCLE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
GROFF, RICHARD M
13780 PONDVIEW CIRCLE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

JOAN JOHNSON-GROFF

3/21/05

137-942-4363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #