

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 393957</b><br>1. Entity Name<br><b>J. HENRY GROVES, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>209 NW FIRST STREET<br/>P.O. BOX 547<br/>FORT MEADE FL 33841</b> | Mailing Address<br><b>209 NW FIRST STREET<br/>P.O. BOX 547<br/>FORT MEADE FL 33841</b> |
|--|--|



1st MOORE CR2E034 (10/04)

|                                |                     |             |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address  |             |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |             |
| City & State                   | City & State        |             |
| Zip                            | Country             | Zip Country |

|   |  |
|---|--|
| 4. FEI Number <b>59-1429642</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                    |
| <b>GRUNHOLZER, JAMES H.<br/>ROUTE 1, BOX 28 C<br/>FORT MEADE FL 33841</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| <b>FL</b> Zip Code                                 |

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |
|---|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | GRUNHOLZER, JAMES H                |
| STREET ADDRESS             | 209 NW FIRST STREET                |
| CITY - ST - ZIP            | FORT MEADE FL                      |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | GRUNHOLZER, JAMES H., JR           |
| STREET ADDRESS             | 209 N.W. FIRST STREET              |
| CITY - ST - ZIP            | FORT MEADE FL                      |
| TITLE                      | TD <input type="checkbox"/> Delete |
| NAME                       | GRUNHOLZER, BETTY S.               |
| STREET ADDRESS             | 209 NW FIRST STREET                |
| CITY - ST - ZIP            | FORT MEADE FL                      |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | U00000212888  |
| STREET ADDRESS  | 02/03/05-80047-012 150.00   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James H. Grunholzer James H. Grunholzer 2/1/05 863-285-8312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #