

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520408

Entity Name: ALCO GROVES, INC.

FILED  
Feb 17, 2005  
Secretary of State

**Current Principal Place of Business:**

13525 INDRIO RD  
FT PIERCE, FL 34945

**New Principal Place of Business:**

13939 INDRIO RD  
FT PIERCE, FL 34945

**Current Mailing Address:**

13525 INDRIO RD  
FT PIERCE, FL 34945

**New Mailing Address:**

13939 INDRIO RD  
FT PIERCE, FL 34945

FEI Number: 59-1710168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEE, FRANK H., III  
401-A S INDIAN RIVER DR  
FT PIERCE, FL 34950 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: PD ( ) Delete  
Name: BROWN, EDGAR A.,  
Address: 13939 INDRIO RD  
City-St-Zip: FT. PIERCE FL,

Title: STD ( ) Delete  
Name: SCOTT, DANIEL C. JR.,  
Address: 9406 BUNTING LANE  
City-St-Zip: FORT PIERCE, FL 34951

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP/D ( ) Change (X) Addition  
Name: BROWN, BENJAMIN A  
Address: 13939 INDRIO RD.  
City-St-Zip: FORT PIERCE, FL 34945

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: B. ALEX BROWN

VP/D

02/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date