


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # **587960**

1. Entity Name
MERRITT ISLAND GROVES, INCORPORATED



Principal Place of Business Mailing Address
2661 N UPSHUR ST **2661 N UPSHUR ST**
ARLINGTON VA 22207 **ARLINGTON VA 22207**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **54-1091084** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RYFFEL, GEORGE G
7520 RIDGEWOOD AVE
#210
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
AST	CAROLYN J. RYFFEL	2661 N UPSHUR ST	ARLINGTON, VA 22207	<input type="checkbox"/>
VD	RYFFEL, RUTH C	2661 N UPSHUR ST	ARLINGTON, VA 22207	<input type="checkbox"/>
PD	RYFFEL, GEORGE GUSTAVE	2661 N. UPSHUR STREET	ARLINGTON VA 22207	<input type="checkbox"/>
TRS.	RYFFEL, GEORGE G II	13028A SHADYSIDE LANE	GERMANTOWN MD 20874	<input type="checkbox"/>
S	NAUSCUES, KATHRYN	4805 46TH ST NW	WASHINGTON DC 20016	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kathryn Navascues* / Kathryn Navascues, Secretary Date **2/7/07** Daytime Phone # **703-525-2570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR