


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90099 032 ***150.00

DOCUMENT # F91005
 1. Entity Name
CRUTCHFIELD GROVES, INC.



Principal Place of Business Mailing Address
% J. THOMAS CRUTCHFIELD **% J. THOMAS CRUTCHFIELD**
149 EAST CENTER ST. **149 EAST CENTER ST.**
SEBRING, FL 33870 **SEBRING, FL 33870**

40047910



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1151073 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CRUTCHFIELD, THOMAS J
149 EAST CENTER ST.
SEBRING, FL 33870

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D TAYLOR, CHRISTINE C 149 E CENTER ST SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CRUTCHFIELD, EARL H. H. EARL 149 E CENTER ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPO, KATHLEEN C 149 E CENTER ST SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUTCHFIELD, JOHN THOMAS 149 E CENTER ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

4/4/05 **863-471-2252**
Date Daytime Phone #