

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # G28089.

1. Entity Name
RENMAR GROVES, INC.



Principal Place of Business
**650 N ROCK RD
P.O. BOX 2457
FT. PIERCE, FL 34945 US**

Mailing Address
**P.O. BOX 2457
FT. PIERCE, FL 34954-9457 US**



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2338889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, DAN C
650 N. ROCK ROAD
FT. PIERCE, FL 34945**

**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 _____

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

(NOTE: Registered Agent signature required when re-instating)

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	VD SCOTT, MARY F. 1010 S. 9TH ST. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, EDGAR A. WEST INDRIO RD FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, DAN C. 650 N. ROCK RD. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, WAYNE A 1809 BAYSHORE DR. FT. PIERCE, FL
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 19.07(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne A. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____