2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-31-2004 90044 010 ***150.00

DOCUMENT # G52393

1. Entity Name
GROVE CITY REAL ESTATE, INC.

Principal Place of Business	Mailing Address
~~2040 OYSTER CT~~ DR 3180 PLACIDA RD GROVE CITY FL 34224	~~2040 OYSTER~~ CT DR P.O. BOX 5048 GROVE CITY FL 34224

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
3180 PLACIDA RD		P.O BOX 5048-5048	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GROVE CITY, FL		City & State: GROVE CITY, FL	
Zip: 34224	Country: CHARLOTTE	Zip: 34224-5048	Country: CHARLOTTE

4. FEI Number 59-2350772 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TENNEY, KATHERINE A.
~~3150 P~~LACIDA RD. 3180 PLACIDA RD
GROVE CITY FL 34224

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TENNEY, KATHERINE A.		NAME		
STREET ADDRESS	3180 CORRECT		STREET ADDRESS		
CITY-ST-ZIP	GROVE CITY FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: KATHERINE A. TENNEY Katherine A. Tenney 3/28/04 941/697-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #