


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H44092**  
 1. Entity Name  
**MCMULLEN GROVE CO.**



Principal Place of Business 7208 NEPTUNE WAY POST OFFICE BOX 927 RIVERVIEW, FL 33568-927 US	Mailing Address 7208 NEPTUNE WAY POST OFFICE BOX 927 RIVERVIEW, FL 33569
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03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2530735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCMULLEN, WILLIAM R.  
 7208 NEPTUNE WAY  
 RIVERVIEW, FL 33569

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCMULLEN, WILLIAM R. 7208 NEPTUNE WAY RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLEDGE, MARIE M. 7208 NEPTUNE WAY RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, LINDA M. 7208 NEPTUNE WAY RIVERVIEW, FL
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 04/18/05-80075-003 150.00

**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: *Marie M Sledge* Marie M Sledge 4-10-05 813-689-6997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #