


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H81091			
1. Entity Name SCHUMANN GROVES, INC.			
Principal Place of Business 5725 13TH STREET SW VERO BEACH, FL 32968 US		Mailing Address 5725 13TH STREET SW VERO BEACH, FL 32968 US	
2. Principal Place of Business 3940 8TH PLACE		3. Mailing Address 3940 8TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH FL		City & State VERO BEACH, FL.	
4. FEI Number 59-2628530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUMANN, JOHN J. 5725 13TH ST SW VERO BEACH, FL 32968		7. Name and Address of New Registered Agent Name SCHUMANN JOHN J. Street Address (P.O. Box Number Not Acceptable) 3940 8TH PLACE City VERO BEACH FL Zip Code 32960	
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 <u>Kim Schumann (Secretary)</u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUMANN, KIM 5725 13TH ST SW VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUMANN, KIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 8TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMANN, JOHN J. III 5725 13TH STREET, S.W. VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMANN JOHN J. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 8TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUMANN, JOHN J JR 1320 OLDE DOUBLOON DR VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUMANN JOHN J. JR. <input type="checkbox"/> Change <input type="checkbox"/> Addition 1320 OLDE DOUBLOON DR. VERO BEACH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS CHARLES A <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUMANN, KIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3940 8TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kim Schumann (Secretary)</u>		DATE: <u>4/26/05</u> (722-562-568)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SAGING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	