2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 10, 2004 8:00 am DOCUMENT # P03000156028 **Secretary of State** 1. Entity Name 03-10-2004 90031 025 \*\*\*150.00 DOUBLE K GROVES, INC. Principal Place of Business Mailing Address 5423 KENMORE LANE 5423 KENMORE LANE ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address P. O. Box 1010 700 E. Sandpiper St. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State Not Applicable Apopka, FL Apopka, FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32712 Fee Required USA 32704 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - George-G.-McClure DAVIS, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 700 E. Sandpiper 5423 KENMORE LANE ORLANDO FL 32839 Apopka 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 printer-came of quistored agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. President Delete TITLE ☐ Addition TITLE George G. McClure NAME NAME 700 E. Sandpiper St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Apopka, FL 32712 Vice President ☐ Change ☐ Addition ☐ Delete TITLE TITLE John Peter McClure NAME NAME 700 E. Sandpiper St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Apopka, FL 32712 CITY-ST-ZIP Secretary Addition ☐ Delete TITLE TITLE Patricia A. Posey NAME 700\_E. Sandpiper St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Apopka, FL 32712 ☐ Change Addition Treasurer ☐ Delete TITLE TITLE Nancy B. McClure NAME NAME ~700 E. Sandpiper St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Apopka, FL 32712 Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 401-889-2134 Date Daylime Phone #

FILED