


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000085388  
1. Entity Name  
BITTERSWEET,GROVE, INC.



Principal Place of Business      Mailing Address  
4545 YOWELL ROAD                      4545 YOWELL ROAD  
KISSIMMEE, FL 34746                      KISSIMMEE, FL 34746



01292005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3348384      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
BRONSON, RICHARD R  
4545 YOWELL ROAD  
KISSIMMEE, FL 34746

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing        \$5.00 May Be  
Trust Fund Contribution.                      Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRONSON, RICHARD R 4545 YOWELL ROAD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRONSON, MELANIE 4545 YOWELL ROAD KISSIMMEE, FL 34746
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U00000318473  
04/20/05-80061-004 150.00

**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)(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: Melanie Bronson      Melanie Bronson      4-16-05      407-973-9785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #