


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90003 037 \*\*\*150.00

DOCUMENT # P97000065291

1. Entity Name  
 BENNETT GROVES, INC.



Principal Place of Business  
 6670 W. BEREAH RD.  
 SAINT PETERSBURG, FL 33703

Mailing Address  
 700 40TH AVENUE N.E.  
 ST. PETERSBURG, FL 33703-5908



2. Principal Place of Business  
 6670 W. BEREAH RD  
 Suite, Apt. #, etc.  
 H. MEADE, FL  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

01102005 Chg-P CR2E034 (10/03)

Zip  
 33841

Country  
 FLK

4. FEI Number  
 59-3467985

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 IOTT, OUIDA B  
 700 40TH AVENUE N.E.  
 ST. PETERSBURG, FL 33703-5908

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IOTT, OUIDA B 700 40TH AVENUE N.E. ST. PETERSBURG, FL 337035908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALINERO, MARIE B BOX 8494 19935 GULF BLVD. #2 MADEIRA BEACH, FL 33738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RICHARD 18630 TYLER ROAD ODESSA, FL 33556 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: I Ouida B Iott, Sec + Treas 1-14-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #