


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 042 ***150.00

DOCUMENT # P97000065291

1. Entity Name
BENNETT GROVES, INC.



Principal Place of Business
**6670 W. BEREAH RD.
 FORT MEADE, FL 33841**

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

50022809



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07112006 Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	IOTT, OUIDA B	
STREET ADDRESS	700 40TH AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 337035908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALINERO, MARIE B	
STREET ADDRESS	10735 GULF BLVD #2	
CITY-ST-ZIP	INDIAN SHORES, FL 337052307	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD	
STREET ADDRESS	18630 TYLER ROAD	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salinero, Marie B.	
STREET ADDRESS	8333 Seminole Blvd Apt 200 A	
CITY-ST-ZIP	Seminole, FL 33772-4356	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Quida B Iott, Ouida B. IOTT 7/17/06 727-898-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #

Sec. Treas

ATTACHMENT

50022829
#P9700086529

PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.

Please Send your letter back with Annual Report + check.