

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000026437

1. Entity Name
S. L. Y. GROVES, INC.



Principal Place of Business
13711 W HWY 450
UMATILLA, FL 32784

Mailing Address
P O BOX 387
UMATILLA, FL 32784



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAND, SARA S
590 N CENTRAL AVE
UMATILLA, FL 32784

**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 _____

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	P
NAME	STRAKER, HAROLD
STREET ADDRESS	PO BOX 387
CITY-ST-ZIP	UMATILLA, FL 32784

TITLE	VP
NAME	STRAKER, HARRY
STREET ADDRESS	PO BOX 1
CITY-ST-ZIP	AURORA, NC 27806

TITLE	ST
NAME	LAND, SARA
STREET ADDRESS	PO BOX 744
CITY-ST-ZIP	UMATILLA, FL 32784

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/16/05-80018-006 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sara S Land Secy (Sara S. Land) 2/14/05 352-669-2477