


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 22, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # 116080</b> 1. Entity Name MOUNT DORA GROVES COMPANY		
Principal Place of Business 445 LIMIT STREET MOUNT DORA, FL 32757	Mailing Address 445 LIMIT STREET MOUNT DORA, FL 32757	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SIMPSON, ROBERT L 445 LIMIT AVE MT. DORA, FL 32757		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000323878 04/22/05-80067-009 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIMPSON, ROBERT L 445 LIMIT ST MOUNT DORA, FL 32757	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, ANITA K 445 LIMIT AVENUE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKSTEIN, LISA SIMPSON 445 LIMIT AVE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SIMPSON, H. JAMES III 445 LIMIT AVE. MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, SANDRA 8659 N US 27 OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, MICHAEL L 445 LIMIT AVENUE MOUNT DORA, FL 32757	
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: <u>Robert L. Simpson</u> 4/19/2005 (352) 383-4667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Robert L. Simpson		