

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 157052

Entity Name: BELL GROVES, INC.

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

132 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 366
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 59-6081913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSETT, III, C POWERS VP
132 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

DORSETT, C P JR.
132 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601 US

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.

SIGNATURE: C. P. DORSETT, JR.

01/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BARBARA B DORSETT,
Address: 4701 OLD COURSE DR
City-St-Zip: CHARLOTTE, NC 28277

Title: VD () Delete
Name: BELL, A W, JR.,
Address: 132 S BROOKSVILLE AVE.
City-St-Zip: BROOKSVILLE, FL

Title: PD () Delete
Name: BELL, JANE M,
Address: 132 S BROOKSVILLE AVE.
City-St-Zip: BROOKSVILLE, FL

Title: VP (X) Delete
Name: DORSETT, III, C. POWERS
Address: 132 S BROOKSVILLE AVE.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DORSETT, BARBARA
Address: 132 S. BROOKSVILLE AVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Change () Addition
Name: BELL, JANE M
Address: 132 S BROOKSVILLE AVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: PD (X) Change () Addition
Name: DORSETT, C. P III
Address: 132 S BROOKSVILLE AVE.
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. P. DORSETT III

PD

01/27/2005

Electronic Signature of Signing Officer or Director

Date