


07-06-2005 90034 030 ***150.00
171209

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL 21 PM 12:13

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # 171209 1. Entity Name BLUE SINK GROVES, INC.	
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Principal Place of Business 131 W. MAIN ST. TAVARES, FL 32778	Mailing Address 131 W. MAIN ST. TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6058143	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 CAUTHEN, DAVID ERWIN 131 W MAIN ST TAVARES, FL TAVARES, FL 32778

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY- ST- ZIP	PDS CAUTHEN, DAVID ERWIN 8010 GIBSON TERRACE LEESBURG, FL 00000,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CAUTHEN, ROBERT S 8010 GIBSON TERRACE LEESBURG, FL 00000,
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  David E. Caughen 6/30/05 (352) 343-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #