
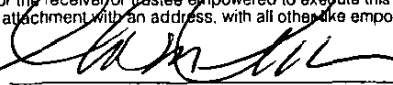


FILED  
Mar 07, 2006 8:00 am  
Secretary of State

03-07-2006 90011 046 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # 182643</b>					
1. Entity Name <b>GLOMOR GROVES, INC.</b>					
Principal Place of Business <b>P.O. BOX 6370 200 VERO BEACH, FL 32961 US</b>			Mailing Address <b>P.O. BOX 6370 200 VERO BEACH, FL 32960 US</b>		
2. Principal Place of Business <b>P.O. Box 6785</b>		3. Mailing Address <b>P.O. Box 6785</b>		02102006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc. <b>200</b>		4. FEI Number <b>59-0741838</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GIBBONS CHARLES D 1533 53RD AVENUE VERO BEACH, FL 32966</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIBBONS, GLORIA M OSCEOLA BOULEVARD VERO BEACH, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST GIBBONS, CHARLES D 1533 53RD AVENUE, P.O. BOX 2403 VERO BEACH, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 duly empowered.					
SIGNATURE: 				Date: <b>02/16/2006</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	