


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 203606</b> Entity Name EDSALL GROVES, INC.	
--	---

Principal Place of Business

3915 1ST ST, SW  
VERO BCH, FL 32968

Mailing Address

3915 1ST ST, SW  
VERO BCH, FL 32968



03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6077544</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCKENZIE, R. DAVID III  
1055 31ST AVENUE  
VERO BEACH, FL 32968

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDSALL, ROBERT S., JR. 556 CAMELIA LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKENZIE, R. DAVID III 1055 31ST AVENUE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKENZIE, KATHARINE E. 300 LONGWOOD DR SEDONA, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICELY, SANDRA M 7690 KNIGHTWING CENTER FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000556823  
05/17/06-80025-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE: R. David McKenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 772 562-3724

Date

Daytime Phone #