

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 07, 2005 8:00 am
Secretary of State

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01162005 Chg-P CR2E034 (10/03)

DOCUMENT # 206139 1. Entity Name MISSION GROVES INC					
Principal Place of Business 2318 TAMARIND DR. FT PIERCE, FL 34949			Mailing Address 2318 TAMARIND DR. FT PIERCE, FL 34949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0830693	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, WILLIAM S 2318 TAMARIND DR FT PIERCE, FL 34949				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 _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPS		TITLE		
NAME	MITCHELL, RUTH		NAME		
STREET ADDRESS	2318 TAMA RIND DR		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP		
TITLE	PT		TITLE		
NAME	WILLIAM S MITCHELL		NAME		
STREET ADDRESS	2318 TAMARIND DR		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>William Mitchell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>William S Mitchell</i> <i>President</i> Date <i>2/2/05</i> Daytime Phone # <i>(772) 579-8030</i>		