


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 209107	
1. Entity Name NEAL GROVES COMPANY, INC	

Principal Place of Business 8821 ONE PUTT PL PORT SAINT LUCIE, FL 34986 US	Mailing Address 8821 ONE PUTT PL PORT SAINT LUCIE, FL 34986 US
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6066820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZAHARAKO, DOROTHY 8821 ONE PUTT PL PORT SAINT LUCIE, FL 34984

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

000000095099

03/24/04-80017-019 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLETCHER, HOWARD 370 LINCOLN STREET LEXINGTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FLETCHER, MARY BETH 370 LINCOLN STREET LEXINGTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAHARAKO, DOROTHY 8821 ONE PUTT PL PORT SAINT LUCIE, FL 34986
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: Dorothy Zaharako **DOROTHY ZAHARAKO-TREAS** 3/18/04 772, 489-0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #