


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 218078 1. Entity Name INMAN GROVES, INC.	
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Principal Place of Business 1350 MIRROR TERRACE DRIVE WINTER HAVEN, FL 33881-2350	Mailing Address 1350 MIRROR TERRACE DRIVE WINTER HAVEN, FL 33881 US
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6068621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

SMITH, LUCILLE M.
1350 MIRROR TERRACE, N.W.
WINTER HAVEN, FL 33883

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 SMITH, LUCILLE M. 1350 MIRROR TERRACE DR. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHISON, MARGARET 4962 OLDE TOWN WAY MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, JANICE P O BOX 627 JUPITER, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SYDNEY 3015 RHODENHAVEN DR. ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/07/04-80048-010 150.00

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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)(f), 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: Lucille M. Smith 4-2-04 863-2930135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #