2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2005 8:00 am
Secretary of State
02-08-2005 90006 015 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # 218078

1. Entity Name
INMAN GROVES, INC.

Principal Place of Business	Mailing Address
1350 MIRROR TERRACE DRIVE WINTER HAVEN, FL 33881-2350	1350 MIRROR TERRACE DRIVE WINTER HAVEN, FL 33881 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3015 Rhodenhaven Dr NW Suite, Apt. #, etc.
City & State	City & State: Atlanta GA
Zip / Country	Zip: 30327 / Country: USA

4. FEI Number: 59-6068621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Janice S. Barry
Street Address (P.O. Box Number Is Not Acceptable): #502
340 S. US Hwy 1
City: Jupiter FL Zip Code: 33477

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: Janice S. Barry Janice S Barry 3-9-05
Lucille M. Smith Lucille M. Smith 2-1-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH,LUCILLE M. 1350 MIRROR TERRACE DR. WINTER HAVEN, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHISON, MARGARET 4982 OLDE TOWN WAY MARIETTA, GA 30068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hutchison, Margaret. 3831 Courtyard Drive Atlanta, GA 30339	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRY, JANICE P O BOX 627 JUPITER, FL 33468	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, SYDNEY 3015 RHODENHAVEN DR. ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sydney B. Smith 2-1-05 404-352-5249
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #