


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 227545**  
 1. Entity Name  
**NISBET-MCGILL GROVES INC**



Principal Place of Business      Mailing Address  
**DAVID S NISBET**                      **DAVID S NISBET**  
**675 S TROPICAL TRAIL**              **675 S TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**          **MERRITT ISLAND FL 32952**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State



1st MOORE      CR2E034 (10/04)

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-0848923**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**NISBET, SARAH C**  
**675 S TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent  
 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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> Delete
NAME	NISBET, SARAH C	
STREET ADDRESS	675 S TROPICAL TRAIL	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NISBET, SARAH C.	
STREET ADDRESS	675 S. TROPICAL TRAIL	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000210501	
CITY - ST - ZIP	02/02/05-80083-016 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Sarah C Nisbet / SARAH C Nisbet 2/1/05 / 321-403-4404  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #