

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90297 001 ***150.00

DOCUMENT # 231395 1. Entity Name GROVE PARK HOMES, INC.					
Principal Place of Business 2435 US HWY 19 SUITE 350 HOLIDAY, FL 34691 US			Mailing Address 2435 US HWY 19 SUITE 350 HOLIDAY, FL 34691 US		
2. Principal Place of Business 8335 CAMBRIA COURT		3. Mailing Address P.O. BOX 959			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NEW PORT RICHEY, FL		City & State ELZERS, FL		4. FEI Number 59-0909211	
Zip 34653		Country 		Applied For <input type="checkbox"/> Not Applicable	
Zip 34680		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGURSKI, GERALD A. ESQ. 2435 US HWY 19 SUITE 350 HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THE DAKS AT PERRINE RANCH 2550 PERMIT PLACE City NEW PORT RICHEY FL Zip Code 34655		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, DAVID R 8335 CAMBRIA CT NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREENE, LORETTA 8835 VOLUNTEER DRIVE NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, HOWARD R. 8835 VOLUNTEER DRIVE NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENE, JERRI 8335 CAMBRIA CT NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREENE, JERRI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ERIN 8835 VOLUNTEER DR NEW PORT RICHEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JERRI GREENE</u>			3/24/05 727/376-0939		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		