

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90009 019 ***150.00

DOCUMENT # 234489

1. Entity Name
ACOSTA GROVES, INC.



Principal Place of Business
**800 W MORSE BLVD
STE-1
WINTER PARK, FL 32789**

Mailing Address
**P O BOX 1328
WINTER PARK, FL 32790**

54037333



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3800000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRAH, KENNETH F
PO BOX 1328, 800 W MORSE BLVD.
WINTER PARK, FL 32789**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROCKEFELLER, GODFREY A
STREET ADDRESS	1127 VISTA DEL MAR
CITY-ST-ZIP	DEL RAY BCH., FL 33483
TITLE	DV
NAME	BLAIR, PETER H JR
STREET ADDRESS	2903 EAST FLAMINGO AVE
CITY-ST-ZIP	DENVER, CO 80246
TITLE	VPD
NAME	ROCKEFELLER, GODFREY A., Jr.
STREET ADDRESS	41 BASKIN ROAD
CITY-ST-ZIP	LEXINGTON, MA 02173
TITLE	ST
NAME	MURRAH, KENNETH F
STREET ADDRESS	800 W MORSE BLVD, SUITE 1
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	SPENCER, CAROLINE R.
STREET ADDRESS	P.O. BOX 155, N Main Street
CITY-ST-ZIP	WILLOWCREEK, MT 59760
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 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:

Kenneth F. Murrah
Kenneth F. MURRAH
Secretary-Treasurer

4-16-04

Date

Daytime Phone #

(407) 644-9801