
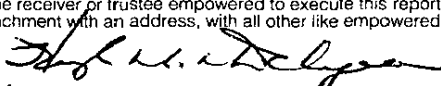


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 022 ***150.00

DOCUMENT # 244299 1. Entity Name MCELYEA FERNERY & GROVES, INC.			
Principal Place of Business HUGH F MCELYEA DISTRICT ROAD 3-3024 YALAHUA FL 34797		Mailing Address P.O. BOX 6 YALAHUA FL 34797 US	
2. Principal Place of Business 6615 McElyea Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6 Suite, Apt. #, etc.	
City & State Howey in the Hills, FL Zip 34737 Country USA		City & State Yalaha, FL Zip 34797 Country USA	
4. FEI Number 59-0915123		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINS, NORMAN C. 1009 NORTH 14TH ST LEESBURG FL 32749-8656		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 PD <input type="checkbox"/> Delete NAME HARRIS, CLAIRE M. STREET ADDRESS 37 HARBOUR POINT DR CITY-ST-ZIP CRAWFORDVILLE FL 32327	TITLE V/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CLAIRE M. HARRIS STREET ADDRESS 82 ROYSTER DR. CITY-ST-ZIP CRAWFORDVILLE, FL 32327		
TITLE VD <input type="checkbox"/> Delete NAME MCELYEA, HUGH M. STREET ADDRESS 159-34 RIVERSIDE DR W CITY-ST-ZIP NEW YORK NY 10032	TITLE P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HUGH M. McElyea STREET ADDRESS 159-34 RIVERIDE DR. W. CITY-ST-ZIP New York n.y. 10032		
TITLE AS <input checked="" type="checkbox"/> Delete NAME CUMMINS, NORMAN C. STREET ADDRESS 1009 NORTH 14TH ST CITY-ST-ZIP LEESBURG FL	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE S <input type="checkbox"/> Delete NAME MCELYEA, HUGH F. STREET ADDRESS 6715 MCELYEA LANE CITY-ST-ZIP HOWEY IN THE HILLS FL 34737	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE TD <input type="checkbox"/> Delete NAME HARRIS, HARRY W JR STREET ADDRESS 37 HARBOUR POINT DR CITY-ST-ZIP CRAWFORDVILLE FL 32327	TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HARRIS, HARRY W. JR. STREET ADDRESS 82 ROYSTER DR. CITY-ST-ZIP CRAWFORDVILLE, FL 32327		
TITLE _____ <input type="checkbox"/> Delete 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:  Hugh M. McElyea 2-23-4 352-324-2404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			