


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2005 90075 011 ***150.00

DOCUMENT # 244299	
1. Entity Name MCELYEA FERNERY & GROVES, INC.	

Principal Place of Business 6615 MCELYEA LANE HOWEY IN THE HILLS FL 34737	Mailing Address P.O. BOX 6 YALAHUA FL 34797 US
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66006133



1st MOORE CR2E034 (10/04)

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

4. FEI Number 59-0915123	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUMMINS, NORMAN C. 1009 NORTH 14TH ST LEESBURG FL 32749-8656	
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7. Name and Address of New Registered Agent	
Name HUGH M. MCELYEA	
Street Address (P.O. Box Number is Not Acceptable) 6715 MCELYEA LANE	
City HOWEY IN THE HILLS	FL Zip Code 34737

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. HUGH M. MCELYEA, President <i>[Signature]</i> 11-17-05	
SIGNATURE	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD HARRIS, CLAIRE M. 82 ROYSTER DR. CRAWFORDVILLE FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD MCELYEA, HUGH M. 159-34 RIVERSIDE DR W NEW YORK NY 10032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S MCELYEA, HUGH F. 6715 MCELYEA LANE HOWEY IN THE HILLS FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD HARRIS, HARRY W JR 82 ROYSTER DR. CRAWFORDVILLE FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <i>Claire M. Harris</i> CLAIRE M. HARRIS 3-15-05	352-324-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #