


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 253750
 1. Entity Name
METHENY GROVES INC



Principal Place of Business Mailing Address
362 METHENY RD **PO BOX 1631**
WAUCHULA, FL 33873 US **FT MYERS, FL 33902 US**

DO NOT WRITE IN THIS SPACE



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0978541 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
METHENY, MARVIN L.
1470 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

U00000055887
 02/18/04-80022-012 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: METHENY, CARMEN B
 STREET ADDRESS: 477 METHENY RD
 CITY-ST-ZIP: WAUCHULA, FL

TITLE: PD
 NAME: POWELL, VIOLA L
 STREET ADDRESS: 362 METHENY RD
 CITY-ST-ZIP: WAUCHULA, FL

TITLE: T
 NAME: METHENY, MARVIN, L
 STREET ADDRESS: PO BOX 1631
 CITY-ST-ZIP: FT. MEYERS, FL 33902

TITLE: SD
 NAME: CHEATWOOD, FAYE I
 STREET ADDRESS: 1602 S LINCOLN AVE
 CITY-ST-ZIP: LAKELAND, FL

TITLE: D
 NAME: METHENY, MARY E
 STREET ADDRESS: P O BOX 1686
 CITY-ST-ZIP: AVON PARK, FL

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marvin L. Metheny Trust* Date: *2/18/04* Daytime Phone #: *239-939-2233*