


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 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



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-0978541 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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	1802 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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 01/13/06-80004-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] TREAS 1/10/06 239.939.2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #