

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 005 ***150.00

DOCUMENT # 265540

1. Entity Name
JOE COLLURA GROVES, INC.



Principal Place of Business
**LAKE SUMMER ROAD
P.O. BOX 338
DADE CITY, FL 33526-7338**

Mailing Address
**LAKE SUMMER ROAD
P.O. BOX 338
DADE CITY, FL 33526-7338**

24008746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-0998223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUMNER, ROBERT D.
14150 SIXTH STREET
DADE CITY, FL 33525**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COLLURA, KATHERINE
LAKE SUMMER ROAD
DADE CITY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**38949 SUMNER LAKE RD
DADE CITY, FL 33525** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLURA, FRANKIE JOE
LAKE SUMMER ROAD
DADE CITY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**38949 SUMNER LAKE RD.
DADE CITY, FL 33525** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLURA, CAROLYN J
2221 GOVELAND DR
LUTZ, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2221 GROVELAND DR
LUTZ, FL 33549** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Joe Collura*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-04 3525675007

Date

Daytime Phone #