2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 266189

1. Entity Name
CAIN GROVES, INC.

Principal Place of Business	Mailing Address
100 E. STUART AVE LAKE WALES, FL 33853 US	P. O. BOX 2429 LAKE WALES, FL 33859 US

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-0099774	Not Applicable

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

6. Name and Address of Current Registered Agent

CAIN, D. PATRICK
100 E STUART AVE
LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

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

TITLE	PD
NAME	CAIN, D PATRICK
STREET ADDRESS	100 E STUART AVE
CITY-ST-ZIP	LAKE WALES, FL 33853

U000000007550
01/20/04-80029-006 150.00

TITLE	STD
NAME	CAIN, LUKE
STREET ADDRESS	100 E STUART AVE
CITY-ST-ZIP	LAKE WALES, FL 33853

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
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: _____   1/17/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #