


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 266189
 1. Entity Name
 CAIN GROVES, INC.



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

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-0099774 Applied For: 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

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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, 2005 Fee will be \$550.00

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

000000203853
 01/29/05-80042-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, D PATRICK 100 E STUART AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAIN, LUKE 100 E STUART AVE LAKE WALES, FL 33853
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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)(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: D. Patrick Cain Date: 1/26/05 Daytime Phone #: 863-678-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR