


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 271434</b> 1. Entity Name LINDSAY RALEY GROVE, INC.	
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Principal Place of Business 505 AVENUE A, NW SUITE 209 WINTER HAVEN, FL 33882-1112 US	Mailing Address P.O. BOX 1112 WINTER HAVEN, FL 33882 US
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04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1055061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RALEY, WILLIAM L 505 AVENUE A, NW SUITE 209 WINTER HAVEN, FL 33881
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**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.

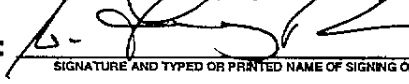
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000134710 04/28/04-80030-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RALEY, WILLIAM L 505 AVE A, NW #209 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RALEY, THELMA C 505 AVE A, NW #209 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RALEY, W. LINDSAY JR. 505 AVE A, NW #209 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  W. Lindsay Raley Jr., Sec/Treas 4/28/04 863-294-7583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #