

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 272628

1. Entity Name
PA - MA - CA - SU GROVES, INC.



Principal Place of Business

77 WATTERS DRIVE
P O BOX 551
LAKE PLACID, FL 33852 US

Mailing Address

77 WATTERS DRIVE
P O BOX 551
LAKE PLACID, FL 33862 US

FILED
Jan 20, 2004 08:00 AM
Secretary of State



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1029692 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOUMANS, SUSAN
77 WATTERS DRIVE
LAKE PLACID, FL 33852

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 NAME STREET ADDRESS CITY - ST - ZIP	DP WATTERS, JR MALCOLM C 2220 S.R. 17 N. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT YOUMANS, SUSAN 77 WATTERS DR. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WEST, CATHY 22 LAKE HENRY DRIVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/04-80042-017 150.00

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)(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 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:

Susan Youmans Susan Youmans

Date

1/12/04

Daytime Phone # (813) 465-0337