


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1029692	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOUMANS, SUSAN 77 WATTERS DRIVE LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			U000000222320 02/09/05-80070-005 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DP WATTERS, JR MALCOLM C 2220 S.R. 17 N. LAKE PLACID, FL			DT YOUMANS, SUSAN 77 WATTERS DR. LAKE PLACID, FL		
DS WEST, CATHY 22 LAKE HENRY DRIVE LAKE PLACID, FL			DS WEST, CATHY 22 LAKE HENRY DRIVE LAKE PLACID, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: <u>Malcolm C. Watters, Jr.</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>2-9-05</u> Daytime Phone #: <u>8634652768</u>					