

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 273140

Entity Name: BRANDON GROVES, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

100 N. TAMPA STREET
SUITE 4100
TAMPA, FL 336028288 US

New Principal Place of Business:

Current Mailing Address:

100 N. TAMPA STREET
SUITE 4100
TAMPA, FL 336028288 US

New Mailing Address:

FEI Number: 59-1027245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON, WARREN M
100 NORTH TAMPA STREET
SUITE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CASON, WARREN M,
Address: 5121 S. NICHOL STREET
City-St-Zip: TAMPA, FL 33611 US

Title: VPD () Delete
Name: CASON, DOROTHY C,
Address: 5121 S. NICHOL STREET
City-St-Zip: TAMPA, FL 33611 US

Title: S () Delete
Name: ANDREWS, DELORES
Address: 6019 LEMON TREE COURT
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: CASON, WARREN M. JR
Address: 2502 COUNTRY LANE
City-St-Zip: PLANT CITY, FL

Title: AS () Delete
Name: PARRISH, BARBAR A J
Address: 100 N. TAMPA STREET, STE 4100
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASON, WARREN M JR.
Address: 2502 COUNTRY LANE
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN M. CASON

PTD

04/18/2005

Electronic Signature of Signing Officer or Director

Date