


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 277048</b> 1. Entity Name STOUDENMIRE GROVES, INC.	
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Principal Place of Business 409 WHITMARSH DR P O BOX 63 DELAND, FL 32721-0063	Mailing Address 409 WHITMARSH DR P O BOX 63 DELAND, FL 32721-0063
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**DO NOT WRITE IN THIS SPACE**

02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1039583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOUDENMIRE, LOUISE  
409 WHITMARSH DR.  
DELAND, FL 32720

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STOUDENMIRE, LOUISE 409 WHITMARSH DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHWARTZ, GERALD F 1900 KANAWHA DR STONE MOUNTAIN, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHWARTZ, JANE 1900 KANAWHA DR. STONE MOUNTAIN GA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHWARTZ, GERALD F 1900 KANAWHA DR STONE MOUNTAIN, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000067344  
02/26/04-80052-023 150.00

**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 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: Louise Stoudenmire 2/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #