


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 278003	
1. Entity Name STOKES GROVES OF EUSTIS INC	

Principal Place of Business 235 EAST BADGER AVENUE P.O. BOX 1256 EUSTIS, FL 32727-8256	Mailing Address P.O. BOX 1256 EUSTIS, FL 32727
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1054067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STOKES, LOWELL A
235 E BADGER ST
EUSTIS, FL 32726

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	STOKES, LOWELL A
STREET ADDRESS	235 E BADGER ST
CITY - ST - ZIP	EUSTIS, FL
TITLE	D
NAME	STOKES, ROBERT A
STREET ADDRESS	235 E BADGER ST
CITY - ST - ZIP	EUSTIS, FL
TITLE	STD
NAME	STOKES, MARY P
STREET ADDRESS	235 EAST BADGER ST
CITY - ST - ZIP	EUSTIS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000403255
02/03/06-80039-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #