

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90034 039 \*\*\*150.00

<b>DOCUMENT # 285614</b> 1. Entity Name <b>LETTA - BONNETT GROVES, INC.</b>					
Principal Place of Business <b>300 E. CORNELL P.O. BOX 1405 AVON PARK, FL 33825</b>				Mailing Address <b>P.O. BOX 1405 AVON PARK, FL 33826</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1669</b>  Suite, Apt. #, etc.			
City & State Zip		City & State <b>Avon Park, FL</b> Zip <b>33826</b>		Country <b>USA</b>	
4. FEI Number <b>59-1060007</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CREWS, ROBERT C 3100 W COUNTY LINE RD AVON PARK, FL 33825</b>			7. Name and Address of New Registered Agent Name <b>Robert C Crews II</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 E Cornell St</b> City <b>Avon Park</b> <b>FL</b> Zip <b>33825</b>		
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 <b>1/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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 Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREWS, C ELTON 1275 E LOTELA DR AVON PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CREWS, NORMA D 1275 E LOTELA DR AVON PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, ROBERT C PO BOX 1117 AVON PARK, FL 33826	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CREWS, ROBERT II PO BOX 1961 AVON PARK, FL 33826	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CREWS, CHRISTY F PO BOX 1961 AVON PARK, FL 33826	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE <b>1/15/04</b> DAYTIME PHONE # <b>863-453-3040</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					