2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 2

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # 304913** 1. Entity Name 02-23-2005 90081 011 ***150.00 TILLETT GROVES, INC. Principal Place of Business Mailing Address 103 STEVEN ST 103 STEVEN ST 50018585 PO BOX 1315 RUSKIN FL 33570 PO BOX 1315 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1143516 Not Applicable Country Zip 7in Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'Name' TILLETT, ROY C Street Address (P.O. Box Number is Not Acceptable) 103 STEVEN ST RUSKIN FL 33570 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE Delete Change Addition TILLETT, ROY C NAME NAME 103 STEVEN ST. STREET ADDRESS STREET ADDRESS RUSKIN FL CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition TILLETT, CLAUDIA M NAME NAME 103 STEVEN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RUSKIN FL CITY-ST-ZIP JITLE VD --TITLE Change ☐ Addition ☐ Delete ~----DANIEL STIllett 1220 6th STREET, S.E. NAME TILLEH, DANIEL S NAME STREET ADDRESS 609 14TH STREET N.W. STREET ADDRESS CITY-ST-ZIP RUSKIN FL CITY-ST-ZIP RUSKIN FL 33570 TD TITLE Delete TITLE Change Addition TO Tim A. Tillett TILLEH, TIM A NAME NAME 14th St. n.W. 1220-6TH STREET S.E. STREET ADDRESS STREET ADDRESS RUSKIN FL KWS KIN, FL 33500 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED