


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 306899</b> 1. Entity Name <b>HEMPHILL GROVES, INC.</b>					
Principal Place of Business <b>208 E. TERRACE DRIVE PO BOX 875 PLANT CITY FL 33564-7875</b>			Mailing Address <b>P O BOX 875 PLANT CITY FL 33564 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1150433</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TRINKLE, ROBERT S. 121 N. COLLINS STREET PLANT CITY FL</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SLOAN, MARLENE L</b>		NAME	<div style="text-align: center;"> <b>000000022215</b>  <b>01/30/04-80035-018 150.00</b> </div>	
STREET ADDRESS	<b>208 E TERRACE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY FL 33563</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SLOAN, MARLENE L</b>		NAME		
STREET ADDRESS	<b>208 E. TERRACE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY FL 33563</b>		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOODALL, DELINDA O</b>		NAME		
STREET ADDRESS	<b>1308 E SPENCER STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY FL 33563</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORTMANN, ROGER S</b>		NAME		
STREET ADDRESS	<b>5813 DEER FLAG DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANG, JOSEPH A</b>		NAME		
STREET ADDRESS	<b>4105 N WILDER RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: MARLENE L. SLOAN</b> <i>Marlene L. Sloan</i>			01/22/2004 813-752-3568		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		