2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 315551

FILED Jul 05, 2004 Secretary of State

Entity Nar	ne: GUTWEI	N GROVES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
823 FT. TH P. O. BOX LABELLE,		E.				
Current Mailing Address:			New Mailing Address:			
823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE, FL 33935			909 E STEWART DRIVE RENSSELAER, IN 47978			
FEI Number:	59-1165549	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BEER,VIC 823 FT TH LABELLE,	OMPSON AVE	ENUE				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () BEER,VICTOR, 823 FT THOMP LABELLE, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SIDNEY LEMAI BOV 562- VIOL FRANCESVILLI	ET DR 15	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () DOROTHY BEE 823 FT THOMP LA BELLE, FL	•	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	TCFO ()	Delete	Title:	TCFO	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GUTWEIN, BRENT C

909 STEWART DR.

RENSSELAER, IN 47978

SIGNATURE: BRENT C. GUTWEIN **TCFO** 07/05/2004

GUTWEIN, BRENT C

809 STEWART DR.

RENSSELAER, IN 47978

Name:

Address:

City-St-Zip: