


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90680 037 ***150.00

DOCUMENT # 332760
 1. Entity Name
STORY GROVES, INC.



Principal Place of Business Mailing Address
16030 HWY 27 S **PO BOX 1221**
LAKE WALES FL 33859-1221 **LAKE WALES FL 33859-1221**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
STORY, VICTOR B, SR.
3400 US HWY 27 S
P.O. BOX 1221
LAKE WALES FL 33859-1221

7. Name and Address of New Registered Agent
 Name: **KYLE R. STORY**
 Street Address (P.O. Box Number is Not Acceptable): **16030 HWY 27 S**
P.O. BOX 1221
 City: **LAKE WALES** **FL** Zip Code: **33859-1221**

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]* DATE: **4-9-04**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STORY, VICTOR B. JR.	
STREET ADDRESS	3400 US HWY 27 S	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STORY, LYLES WILLIAM	
STREET ADDRESS	3400 US HWY 27 S	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STORY, VICTOR B, SR	
STREET ADDRESS	3400 US HWY 27 S	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	AST	<input type="checkbox"/> Delete
NAME	STORY, KYLE R	
STREET ADDRESS	16030 HWY 27 S	
CITY-ST-ZIP	LAKE WALES FL 33859-1221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16030 HWY 27 SOUTH	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16030 HWY 27 SOUTH	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16030 HWY-27 SOUTH	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]* **04-09-04** **863-638-1619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KYLE R. STORY
EXEC. VICE PRESIDENT