

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 349046**

1. Entity Name  
GRIMES GROVES, INC.



Principal Place of Business  
1023 MANATEE AVE W  
BRADENTON, FL 34205

Mailing Address  
1023 MANATEE AVE W  
BRADENTON, FL 34205



01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1265086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GRIMES, WILLIAM C  
1023 MANATEE AVE  
BRADENTON, FL 34205

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000011749  
01/23/04-80049-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE STD  
NAME THEROUX, WILLIAM A  
STREET ADDRESS 4903 PALM AIRE DRIVE  
CITY-ST-ZIP SARASOTA, FL

TITLE VD  
NAME GRIMES, CALEB J  
STREET ADDRESS 1023 MANATEE AVE W  
CITY-ST-ZIP BRADENTON, FL 00000,

TITLE PD  
NAME GRIMES, WILLIAM C  
STREET ADDRESS 1023 MANATEE AVE W  
CITY-ST-ZIP BRADENTON, FL 00000,

TITLE VD  
NAME THEROUX, MAUREEN G  
STREET ADDRESS 4903 PALM AIRE DRIVE  
CITY-ST-ZIP SARASOTA, FL

TITLE D  
NAME GRIMES, JANET C  
STREET ADDRESS 1023 MANATEE AVE W  
CITY-ST-ZIP BRADENTON, FL 00000,

TITLE D  
NAME GRIMES, MICHELE B  
STREET ADDRESS 1023 MANATEE AVENUE WEST  
CITY-ST-ZIP BRADENTON, FL

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William C. Grimes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM C. GRIMES, 1-21-04 9417480151  
PRESIDENT Date Daytime Phone #