


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 349046</b> 1. Entity Name GRIMES GROVES, INC.	
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Principal Place of Business 1023 MANATEE AVE W BRADENTON, FL 34205	Mailing Address 1023 MANATEE AVE W BRADENTON, FL 34205
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**DO NOT WRITE IN THIS SPACE**

08042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1265086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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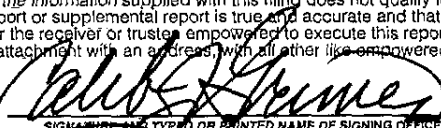
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THEROUX, WILLIAM A 4903 PALM AIRE DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIMES, CALEB J 1023 MANATEE AVE W BRADENTON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMES, WILLIAM C 1023 MANATEE AVE W BRADENTON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THEROUX, MAUREEN G 4903 PALM AIRE DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, JANET C 1023 MANATEE AVE W BRADENTON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, MICHELE B 1023 MANATEE AVENUE WEST BRADENTON, FL

**DO NOT WRITE  
IN THIS SPACE**

000000375979  
08/08/05-80010-004 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CALEB J. GRIMES, DIRECTOR 8-4-05 9417480151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #