

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90033 017 \*\*\*150.00

**DOCUMENT # 367017**

1. Entity Name  
**ESTES GROVES, INC.**



Principal Place of Business  
**3705-20TH STREET  
VERO BCH., FL 32960-9401**

Mailing Address  
**3705-20TH STREET  
VERO BCH., FL 32960-9401**

**40015684**



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1301767**

Applied For  
☐ Not Applicable

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

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

**ESTES, WILLIAM CODY  
3705-20TH STREET  
VERO BCH., FL 32961**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	CHILTON, NANCY ESTES
STREET ADDRESS	2503 PARTRIDGE DR SE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	ESTES, FAYE D. <i>1315 Little Harbour LN</i>
STREET ADDRESS	<del>1025 NEAR OCEAN DR</del>
CITY-ST-ZIP	VERO BEACH, FL
TITLE	PTD
NAME	ESTES SR, W CODY
STREET ADDRESS	<del>1025 NEAR OCEAN DR</del> <i>1315 Little Harbour Lane</i>
CITY-ST-ZIP	VERO BCH, FL
TITLE	VAS
NAME	CHILTON, CHARLES R.
STREET ADDRESS	2503 PARTRIDGE DR SE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	AS
NAME	YARINA, GLORIA
STREET ADDRESS	1066 -26TH AVE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*02/01/05*