

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90084 015 \*\*\*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**

40000000



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1301767</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CHILTON, NANCY ESTES 2503 PARTRIDGE DR SE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ESTES, FAYE D. 1315 LITTLE HARBOUR LANE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ESTES SR, W CODY 1315 LITTLE HARBOUR LANE VERO BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS CHILTON, CHARLES R. 2503 PARTRIDGE DR SE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS YARINA, GLORIA 1066 -26TH AVE 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 exemptions contained in Chapter 119, 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**

*W. Cody Estes, Sr.*

*1/17/07*

Date

*772-569-5022*

Daytime Phone #