

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90002 022 ***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
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DO NOT WRITE IN THIS SPACE

4002000



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1301767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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**

Date: **02/12/2008** Daytime Phone #: **772-569-5022**