2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

ANNUAL KEPUKI				Secretary of State		
1. Entity Nam	MENT # 391043 PRD GROVES, INC.				,	
Principal Plac	e of Business	Mailing Address	· ·			•
28242 LAKE TERRY DRIVE P.O. BOX 8 MOUNT DORA, FL 32757 MOUNT DORA, FL 32756 US			9 S		B 19185 BREW BREW BURBER 1814 BREW BURK BREW BURK	STATE a (b. 1787) 1881 a (b. 1787)
· · · · · · · · · · · · · · · · · · ·						ALL BIRLIOSS IN INUE
ם	O NOT WRITE	CE	4. FEI Number 59-138	3573	Applied For Not Applicable 5 Additional	
· -				5. Certificate	of Status Desired Fee R	equired
	6. Name and Address of Current R	egistered Agent		t the tables	none sale.	\$25.a
BLAND, WILLIAM T., JR. 28242 LAKE TERRY DRIVE MOUNT DORA, FL 32757					NOT WRITE 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, typod or printed name of registered agent and tale if applicable. (NOTE Registered Agent signature required when reinstating) DATE.						
Signature, typod of parties name at regulative alignment and time is supplicable. (NOTE indigatored Again signature required when revisitions).						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees	U00000388966 01/20/06-80027-003	150.00
10.	OFFICERS AND D	IRECTORS		ff frame and		ne Ni Sakaman ji
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLAND, WILLIAM T., JR. P.O. BOX 8 MOUNT DORA, FL 327560008	*				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOON DORA, PL 327330008					.:
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	-
DITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE Name Street address City-St-Zip				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				7 7 7 7
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 reports 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 truesty execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy, with all other like empowered.						