2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90055 014 ***150.00

DOCUMENT # 394684

1. Entity Name
TILDEN GROVES HOLDING CORP.

Principal Place of Business	Mailing Address
% SAMPEY, DEXTER & RESETAR 315 E ROBINSON ST., STE 690 ORLANDO, FL 32801	% SAMPEY, DEXTER & RESETAR 315 E ROBINSON ST., STE 690 ORLANDO, FL 32801

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01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Sampey & Dexter, P.A.	c/o Sampey & Dexter, P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 32801-4328 Country:	Zip: 32801-4328 Country:

4. FEI Number: 59-1368669 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DICKSON, RUSSELL K JR
FIRST UNION BLDG.
20 N ORANGE AV, SUITE 1500
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Dickson, Russell K. Jr.

Street Address (P.O. Box Number is Not Acceptable): 20 N. Orange Ave, Suite 1500

City: Orlando **FL** Zip Code: 32801-4624

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COOK,HARRY L. 113 CAMPBELL DRIVE PISGAH FOREST, NC 28768	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Tilden, Douglas F. 100 Crabapple Lane Chapel Hill, NC 27514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIGELOW,LYDIA T. 906 NW 36TH ROAD GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Gainesville, FL 32609-2105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VAUGHAN,JOANNE D. 4634 OAK COVE LANE ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Orlando, FL 32806-6939	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Mathews, Carol F. 211 N. Dillard St. Winter Garden, FL 34787-2813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1/13/2005 919 408 0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #