

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 033 ***150.00

DOCUMENT # 396382 1. Entity Name BERNARD A. EGAN GROVES, INC.						
Principal Place of Business 1900 OLD DIXIE HWY FT. PIERCE, FL 34946-1423 US			Mailing Address 1900 OLD DIXIE HWY FT. PIERCE, FL 34946-1497 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
04152004 Chg-P CR2E034 (10/03)						
4. FEI Number 59-1398289				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent REED, GLEN W 1900 OLD DIXIE HWY FT. PIERCE, FL 34946			7. Name and Address of New Registered Agent Name Richard M. Carnell, Jr. Street Address (P.O. Box Number is Not Acceptable) 1900 Old Dixie Highway Fort Pierce, FL 34946 City FL Zip Code			
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 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VSD NELSON, GREGORY P. 1900 OLD DIXIE HWY FT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nelson, Gregory P. 1900 Old Dixie Highway Fort Pierce, FL 34946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGAN, BERNARD A 1900 OLD DIXIE HWY FT PIERCE, FL 34946	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Gilet, Jean Jacques 1900 Old Dixie Highway Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD REED, GLEN W 1900 OLD DIXIE HWY FT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Egan, Robert W. 1900 Old Dixie Highway Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPAstt.S Carnell, Richard M. Jr. 1900 Old Dixie Highway Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard M. Carnell, Jr. 4/15/04 772-465-7555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Vice President						