

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 413677

FILED
Jan 06, 2006
Secretary of State

Entity Name: LIER GROVES,INC.

Current Principal Place of Business:

2 MICHAEL CREEK DR
VERO BCH, FL 32963 US

New Principal Place of Business:

3375 20TH STREET,
SUITE 120
VERO BCH, FL 32960 US

Current Mailing Address:

2 MICHAEL CREEK DR
VERO BCH, FL 32963 US

New Mailing Address:

3375 20TH STREET
SUITE 120
VERO BCH, FL 32960 US

FEI Number: 59-1427771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIER, PETER E
2 MICHAEL CREEK DR.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

LIER, PETER E
2502 PINE AVE.
VERO BEACH, FL 32960 US

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.

SIGNATURE:

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LIER, JULIE,
Address: TWO MICHAEL CREEK DR
City-St-Zip: VERO BEACH, FL 32963

Title: VPD () Delete
Name: LIER, PETER E.,
Address: TWO MICHAEL CREEK DR.
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: LIER, JOHN J.,
Address: THREE MICHAEL CREEK DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: LIER, JUDITH M
Address: 3819 STONEMONT DR.
City-St-Zip: COCOA BEACH, FL 32926

Title: D () Delete
Name: LIER, BEVERLY
Address: 3 MICHAEL CREEK DR
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LIER, JULIE,
Address: 2502 PINE AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VPD (X) Change () Addition
Name: LIER, PETER E.,
Address: 2502 PINE AVE.
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER E. LIER

VPD

01/06/2006

Electronic Signature of Signing Officer or Director

Date