

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90024 030 ***150.00

DOCUMENT # 506196

1. Entity Name

DIEFFENWIERTH GROVES, INC.



Principal Place of Business

**4535 3RD AVE, N.W.
NAPLES FL 34119**

Mailing Address

**4535 3RD AVE, N.W.
NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1650161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIEFFENWIERTH, FRANK J.
4535 3RD AVENUE, N.W.
NAPLES FL 34119**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **D** ☐ Delete
NAME **BAILEY, MARILYN A.**
STREET ADDRESS **2001 SOUTH SANFORD AVE.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIEFFENWIERTH, FRANK J**
STREET ADDRESS **4535 THIRD AVE, NW**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOWEN, MARTELLE D**
STREET ADDRESS **6082 113TH AVENUE, N.**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DIEFFENWIERTH, MARY M**
STREET ADDRESS **13487 DARNELL AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COBB, NONA**
STREET ADDRESS **174 STUART CIR**
CITY-ST-ZIP **LAKE JUNALUSKA NC 28745**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **DIEFFENWIERTH, ESTHER H**
STREET ADDRESS **14120 REGENCY LN**
CITY-ST-ZIP **DADE CITY FL 33525-4121**

TITLE ☐ Change ☐ Addition
NAME **DIEFFENWIERTH, ESTHER H.**
STREET ADDRESS **1503 WHOOPIG**
CITY-ST-ZIP **GROVELAND, FL 34736**

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: *Frank J. Dieffenwerth* **FRANK J. DIEFFENWIERTH 3-23-04** **DIRECTOR & RESIDENT AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #