


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 535640					
1. Entity Name MEMPHIS INVESTMENTS INCORPORATED					
Principal Place of Business 5806-22ND AVENUE DRIVE E PALMETTO FL 34221 US			Mailing Address 5806-22ND AVENUE DRIVE E PALMETTO FL 34221 US		
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 59-1760901	
				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
GROOVER, ALVIN EDWIN 5806-22ND AVENUE DRIVE E PALMETTO FL 34221			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
(NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD	<input type="checkbox"/> Delete	TITLE	U000000220806 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/09/05-80003-020 150.00	
NAME	GROOVER, ALVIN E.		NAME		
STREET ADDRESS	5806-22ND AVE., DR. E		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROOVER, TRECIA A.		NAME		
STREET ADDRESS	5806-22ND AVE., DR. E.		STREET ADDRESS		
CITY- ST- ZIP	PALMETTO FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROOVER, ANN MARIE		NAME		
STREET ADDRESS	346 HIGHLAND SHORES DR.		STREET ADDRESS		
CITY- ST- ZIP	ELLENTON FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Alvin E. Groover</i> ALVINE GROOVER 2-3-05 941-727-3181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					