2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 575951 1. Entity Name 03-29-2005 90014 039 ***150.00 ENGLISH GROVES, INC. Principal Place of Business Mailing Address 1300 EXECUTIVE CENTER DRIVE, SUITE 10 TALLAHASSEE FL 32301 1300 EXECUTIVE CENTER DRIVE, SUITE 10 TALLAHASSEE FL 32301 3. Mailing Address Executive Center Dr Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 59-1836661 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENGLIS, J. COLIN JR. 1300 EXECUTIVE CENTER DRIVE, SUITE 106 . Box Number is Not Acceptable) Tive、Ceyter Dh TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete Change ENGLISH, J. COLIN JR. NAME NAME 1300 EXECUTIVE CENTER DRIVE, SUITE 106 STREET ADDRESS STREET ADDRESS CITY-ST-7(P TALLAHASSEE FL 32301 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition ENGLISH, PHYLLIS L NAME 1300 EXECUTIVE CENTER DRIVE, SUITE 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITE F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition HILF ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS 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

FILED

Mar 29, 2005 8:00 am