

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 575951 Name SH GROVES, INC.	
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Place of Business EXECUTIVE CENTER DRIVE 121 TALLAHASSEE FL 32301	Mailing Address 1311 EXECUTIVE CENTER DRIVE SUITE 121 TALLAHASSEE FL 32301
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1. Principal Place of Business	3. Mailing Address
2. Apt. #, etc.	Suite, Apt. #, etc.
4. & State	City & State
Country	Zip
Country	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1836661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ENGLIS, J. COLIN JR. 1311 EXECUTIVE CENTER DRIVE SUITE 121 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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I, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	P ENGLISH, J. COLIN JR. 1300 EXECUTIVE CENTER DRIVE, SUITE 106 TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S ENGLISH, PHYLLIS L 1300 EXECUTIVE CENTER DRIVE, SUITE 106 TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	UN00000436653 02/28/06 80010-015 150.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *J. Colin English, Jr.* **2/14/2006** **850 877-83**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #