2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 576707

1. Entity Name
SORRELLS GROVES, INC.

Principal Place of Business	Mailing Address
1192 NE LIVINGSTON ST ARCADIA, FL 33821	PO BOX 551 ARCADIA, FL 33821

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1850127
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SORIA, G. CRAIG, ESQ
2201 RINGLING BLVD
STE 102
SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORIA, CRAIG
STREET ADDRESS	4375 BRANDYWIDE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	SORRELLS, OPAL
STREET ADDRESS	225 S HERNANDO
CITY-ST-ZIP	ARCADIA, FL 00000,
TITLE	VD
NAME	SORIA, LEDANE
STREET ADDRESS	4375 BRANDYWINE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	SORRELLS, BETSY
STREET ADDRESS	6923 NW STATE 661
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	STD
NAME	SORRELLS, STEVEN
STREET ADDRESS	6923 N.W. STATE 661
CITY-ST-ZIP	ARCADIA, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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[illegible]04-80003-001 150.00

DO NOT WRITE IN THIS SPACE

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: Steve Sorrells STEVEN SORRELLS 1/6/2004 863-494-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #