2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 07, 2005 08:00 AM **DOCUMENT # 583729 Secretary of State** 1. Entity Name BETTY AND WERNER GROVES, INC. Principal Place of Business Mailing Address 2220 OAK DRIVE P O BOX 98 ALTURAS, FL 33820 IJS ALTURAS, FL 33820 No Chg-P 01042005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1854260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FULTON, W.C. 2220 OAK DRIVE ALTURAS, FLA., FL 33820 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. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FULTON, W.C. MARKE STREET ADDRESS 2220 OAK DR CITY-ST-ZIP ALTURAS, FL TITLE Un0000173275 **FULTON, BETTY JANE** NAME 01/07/05-80011-023 150.00 STREET ADDRESS 2220 OAK DR CITY-ST-ZIP ALTURAS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE

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 it changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

<u>01/05/05 (863) 537-1331</u>