

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 587960
 1. Entity Name
MERRITT ISLAND GROVES, INCORPORATED



Principal Place of Business Mailing Address
 2661 N UPSHUR ST 2661 N UPSHUR ST
 ARLINGTON VA 22207 ARLINGTON VA 22207



MOORE CR2E034 (11/03)

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 **54-1091084** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RYFFEL, GEORGE G
7520 RIDGEWOOD AVE
#210
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AST Delete
 NAME CAROLYN J. RYFFEL
 STREET ADDRESS 2661 N UPSHUR ST
 CITY-ST-ZIP ARLINGTON, VA 22207

Change Addition
 U00000085436
 03/11/04-80048-013 150.00

TITLE VD Delete
 NAME RYFFEL, RUTH C
 STREET ADDRESS 2661 N UPSHUR ST
 CITY-ST-ZIP ARLINGTON, VA 22207

Change Addition

TITLE PD Delete
 NAME RYFFEL, GEORGE GUSTAVE
 STREET ADDRESS 2661 N. UPSHUR STREET
 CITY-ST-ZIP ARLINGTON VA 22207

Change Addition

TITLE TRS. Delete
 NAME RYFFEL, GEORGE G II
 STREET ADDRESS 13028A SHADYSIDE LANE
 CITY-ST-ZIP GERMANTOWN MD 20874

Change Addition

TITLE S Delete
 NAME NAUASCUES, KATHRYN
 STREET ADDRESS 4805 46TH ST NW
 CITY-ST-ZIP WASHINGTON DC 20016

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kathryn Navasques* *3/8/04* *703-525-2570*