


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 587960</b>					
1. Entity Name MERRITT ISLAND GROVES, INCORPORATED					
Principal Place of Business 2661 N UPSHUR ST ARLINGTON VA 22207			Mailing Address 2661 N UPSHUR ST ARLINGTON VA 22207		
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 <b>54-1091084</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RYFFEL, GEORGE G 7520 RIDGEWOOD AVE #210 CAPE CANAVERAL FL 32920			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAROLYN J. RYFFEL		NAME		
STREET ADDRESS	2661 N UPSHUR ST		STREET ADDRESS		
CITY - ST - ZIP	ARLINGTON, VA 22207		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYFFEL, RUTH C		NAME		
STREET ADDRESS	2661 N UPSHUR ST		STREET ADDRESS		
CITY - ST - ZIP	ARLINGTON, VA 22207		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYFFEL, GEORGE GUSTAVE		NAME		
STREET ADDRESS	2661 N. UPSHUR STREET		STREET ADDRESS		
CITY - ST - ZIP	ARLINGTON VA 22207		CITY - ST - ZIP		
TITLE	TRS.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYFFEL, GEORGE G II		NAME		
STREET ADDRESS	13028A SHADYSIDE LANE		STREET ADDRESS		
CITY - ST - ZIP	GERMANTOWN MD 20874		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAUASCUES, KATHRYN		NAME		
STREET ADDRESS	4805 46TH ST NW		STREET ADDRESS		
CITY - ST - ZIP	WASHINGTON DC 20016		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

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 02/03/05-80097-017 150.00

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 Navascues* (Kathryn Navascues) 1/31/05 703-525-2570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #