


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 611383 1. Entity Name D.M.D. GROVES, INC. |  |
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| Principal Place of Business 2108 MORNING SIDE ROAD AVON PARK, FL 33825 | Mailing Address PO BOX 460 AVON PARK, FL 33826-0460 |
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1894522 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HERNDON, KAY D 2108 MORNING SIDE ROAD AVON PARK, FL 33825 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 114/22/04-80002-001 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, KENNETH A 116 MAXCY LANE FORSTPROOF, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DAVIS HERNDON, KATHERINE 2108 MORNINGSIDE ROAD AVON PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: *Kay Davis Herndon* **KAY DAVIS HERNDON** **Apr. 17-04 (863) 452-5955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #