


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90173 019 \*\*\*150.00

<b>DOCUMENT # 646466</b>	
<b>1. Entity Name</b> R.D. GROVE ENTERPRISES, INC.	

<b>Principal Place of Business</b> 1626-90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961-7370	<b>Mailing Address</b> 1626-90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961-7370
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		P.O. Box 370 Suite, Apt. #, etc.	
City & State		Vero Beach, FL City & State	
Zip	Country	Zip	Country
		32961	U.S.A.



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-1948859		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RICHARDSON, DANFORTH K 1626-90TH AVENUE VERO BEACH FL 32966		<b>7. Name and Address of New Registered Agent</b>	
		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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>RUST, GARY</b>			<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>405 33RD AVE. S.W.</b>			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL 32968</b>			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>LUTHER, JOHN M</b>			<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1626 90TH AVENUE</b>			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL 32966</b>			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			

**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:** *John M. Luther* **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John M. Luther, President**

**April 12, 2005 - 772-567-1151**  
Date Daytime Phone #  
**Ext. 333**