## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State DOCUMENT # 646466 05-01-2006 90447 043 \*\*\*150.00 R.D. GROVE ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 370 VERO BEACH FL 32961 1626-90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961-7370 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1948859 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1626-90TH AVENUE VERO BEACH FL 32966 RICHARDSON, DANFORTH K Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ★★ Addition XX Delete TITLE TITLE VΡ RUST, GARY NAME NEWMAN, PAUL A. 1626 - 90th Avenue STREET ADDRESS STREET ADDRESS 405 33RD AVE. S.W. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 Vero Beach, FL 32966 Delete TITLE ☐ Chance Addition LUTHER, JOHN M NAME STREET ADDRESS STREET ADDRESS 1626 90TH AVENUE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966 ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ΠTLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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 of 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 ploy like empowered.

**FILED** 

April 21, 2006 772-567-1151- Ext. 8233

Daytime Phone #