

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 647551	
1. Entity Name FARKAS GROVES, INC.	
Principal Place of Business	Mailing Address
5540 CONNELL R. PLANT CITY, FL 33567	5540 CONNELL R. PLANT CITY, FL 33567



02132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1961374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FUSSEL, MARY ANN 5540 CONNELL RD PLANT CITY, FL 33567

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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 <i>Mary Ann Fussell Sec Treas</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>2-15-05</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUSSELL, HUBERT D 5540 CONNELL RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARKAS, PEGGY 2303 S FORBES PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARKAS, LOUIS E 2303 S FORBES PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FUSSELL, MARY ANN 5540 CONNELL RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UN0000234454 02/18/05-80021-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>Mary Ann Fussell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>2-15-05</i> 813 732-4524 <small>Date Daytime Phone #</small>