

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # 671343

1. Entity Name  
EASON'S GROVE, INC.



Principal Place of Business

28550 SW 182 AVE  
HOMESTEAD, FL 33030 US

Mailing Address

28550 SW 182 AVE  
HOMESTEAD, FL 33030 US



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2007902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EASON, WAYNE H  
1715 N.W. 8TH ST.  
HOMESTEAD, FL 33030

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IN THIS SPACE

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME EASON, WENDELL H  
STREET ADDRESS 16790 SW 297 TERR  
CITY-ST-ZIP HOMESTEAD, FL 330303427

TITLE DP  
NAME WAYNE H EASON  
STREET ADDRESS 1715 NW 8 ST  
CITY-ST-ZIP HOMESTEAD, FL 330303806

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

UD00000041520  
02/09/04-80032-017 150.00

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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)(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: *Wayne H Eason* *3/5/04* *305 248 3334*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #