


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90002 026 \*\*\*150.00

<b>DOCUMENT # 677760</b> 1. Entity Name <b>E &amp; E GROVES, INC.</b>	
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Principal Place of Business <b>9246 S LAKE SHORE DR CLERMONT, FL 34711-8642</b>	Mailing Address <b>9246 S LAKE SHORE DR CLERMONT, FL 34711-8642</b>
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**44018325**



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03142004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2012485</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**OLIVENBAUM, ENID  
9246 S LAKE SHORE DR  
CLERMONT, FL 34711-8642**

7. Name and Address of New Registered Agent

Name <b>OLIVENBAUM, CARL</b>
Street Address (P.O. Box Number is Not Acceptable) <b>10005 SW 15 PLACE</b>
City <b>GAINESVILLE</b> FL Zip Code <b>32607-3218</b>

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: *Carl Olivenbaum* **CARL OLIVENBAUM, VICE PRESIDENT** 3/13/04  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP OLIVENBAUM, ENID 9246 S LAKE SHORE DR CLERMONT, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OLIVENBAUM, CARL A 10005 SW 15 PL. GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carl Olivenbaum* **CARL A. OLIVENBAUM** 3/13/04 352-792-2061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #