


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 690961</b>	
1. Entity Name INDIAN PRAIRIE GROVES, INC.	

Principal Place of Business RTE 6 BOX 989 OKEECHOBEE FL 34974	Mailing Address RTE 6 BOX 989 OKEECHOBEE FL 34974
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2112152</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	
CRONCICH, HAROLD RT. 6 BOX 989 OKEECHOBEE FL 34974	

7. Name and Address of New Registered Agent	
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
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**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 Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LEWIS, MARTHA R
STREET ADDRESS	902 WELSH LANE
CITY - ST - ZIP	JACKSONVILLE NC
TITLE	D <input type="checkbox"/> Delete
NAME	CRONCICH, CYNDIA P
STREET ADDRESS	RT 6 BOX 989
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	P <input type="checkbox"/> Delete
NAME	CRONCICH, HAROLD E
STREET ADDRESS	RT 6 BOX 989
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	PEARCE, JOHN F JR
STREET ADDRESS	RT 6 BOX 988
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	000000229008 02/14/05-80060-021 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Harold Croncich Pres. Harold Croncich*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #