


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90076 005 ***550.00

DOCUMENT # 695069

1. Entity Name
TLC GROVES, INC.




Principal Place of Business Mailing Address
1023 EUCLID LN **1023 EUCLID LN**
PORT ST LUCIE, FL 34983 **PORT ST LUCIE, FL 34983**

2. Principal Place of Business 3. Mailing Address
1023 Euclid Ln. **1023 Euclid Ln.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port St. Lucie **Port St. Lucie**
 Zip Country Zip Country
34953 **St. Lucie** **34953** **st Lucie**

69000110



08202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ORR, ROGER G
425 COCONOT AVE.
PORT SAINT LUCIE, FL 34952

4. FEI Number
59-2155677

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *[Signature]* **A. D. Orr Sr** **08/30/04**
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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ORR, SYLVIA D 10850 KIMBERFYLD LANE FT PIERCE, FL 00000, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Orr, Sylvia D 2912 Brimic Way Ft. Pierce, Fl. 34981 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ORR, A D, JR 1023 EUCLID FT PIERCE, FL 00000, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ORR, ROGER G 425 COCONUT AVE. PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #