


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90158 023 ****61.25

DOCUMENT # 726411
 1. Entity Name
TROPIC GROVES, INC.



Principal Place of Business Mailing Address
 835 20TH PLACE 835 20TH PLACE
 VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US

50024427



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1579430 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MERRILL, KAREN
 835 20TH PLACE
 VERO BEACH, FL 32960

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, ROBERT	
STREET ADDRESS	1166 6TH AVENUE, #C2	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POWER, LUCY	
STREET ADDRESS	1166 6TH AVE D-1	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROGER	
STREET ADDRESS	1166 6TH AVE #C1	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERKINS, PAT	
STREET ADDRESS	1166 6TH AVENUE #B8	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	DADDIS, SCOTT	
STREET ADDRESS	1166 6TH AVE. #C5	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 617, 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: *Scott Daddis* 2-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #