

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F18060**

1. Entity Name  
**LEWIS GROVES, INC.**



Principal Place of Business

127 NE 1ST ST  
FT. MEADE, FL 33841

Mailing Address

127 NE 1ST ST  
FT. MEADE, FL 33841

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2121442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMILTON, PAUL  
127 NE FIRS STREET  
FORT MEADE, FL 33841

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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  
V  
HAMILTON, PAUL  
1355 SPRING COURT  
BARTOW, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GNANN, GARY W.  
154 FOSTER LANE  
PITTSBORO, NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CASON, RICHARD G.  
115 N PINE AVENUE  
FORT MEADE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEWIS, JENNETTE  
127 N.E. 1ST ST.  
FORT MEADE, FL 33841

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000307632  
04/15/05-80062-015 150.00

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: *Paul Hamilton* **PAUL HAMILTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-05**

Date

**863-581-0750**

Daytime Phone #