


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F41183 1. Entity Name JAMES & NEVILLE GROVES, INC.	
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Principal Place of Business 17821 JAMES ROAD DADE CITY, FL 33523-6248 US	Mailing Address % VIRGINIA D JAMES 17821 JAMES RD DADE CITY, FL 33523-6248 US
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2122399	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, VIRGINIA D 17821 JAMES ROAD DADE CITY, FL 33523
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JAMES, VIRGINIA D 17821 JAMES ROAD DADE CITY, FL 33523
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04/04/06-80019-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Virginia D. James, PSD</i></u> VIRGINIA D. JAMES	3-14-06 Date	Daytime Phone #
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