


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90217 008 ***150.00

DOCUMENT # F53261 1. Entity Name ALEX ROSBOUGH GROVES, INC.					
Principal Place of Business LAKE TRAFFORD ROAD P.O. BOX 913 IMMOKALEE, FL 34143 US			Mailing Address LAKE TRAFFORD ROAD P.O. BOX 913 IMMOKALEE, FL 34143 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2196938	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSBOUGH, IRMA R BOX 913, LAKE TRAFFORD RD IMMOKALEE, FL 33934				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSBOUGH, IRMA R	NAME			
STREET ADDRESS	LAKE TRAFFORD RD, 1703	STREET ADDRESS			
CITY-ST-ZIP	IMMOKALEE, FL 00000,	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, MARILYN R	NAME			
STREET ADDRESS	HC 71 BOX 1428	STREET ADDRESS			
CITY-ST-ZIP	SAN LORENZO, NM 88041	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, JOANNE R	NAME			
STREET ADDRESS	RT. 1, BOX 115-B	STREET ADDRESS			
CITY-ST-ZIP	IMMOKALEE, FL 00000,	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSBOUGH, MARJORIE L	NAME			
STREET ADDRESS	17517 ORIOLE	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL	CITY-ST-ZIP			
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, BRIDGETTE L.	NAME			
STREET ADDRESS	3103 WHIDDEN LOOP ROAD	STREET ADDRESS			
CITY-ST-ZIP	IMMOKALEE, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Marjorie Rosbaugh</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/3/04 239 267 7015 <small>Date Daytime Phone #</small>			
MARJORIE ROSBOUGH					