

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53261

FILED
Apr 28, 2005
Secretary of State

Entity Name: ALEX ROSBOUGH GROVES, INC.

Current Principal Place of Business:

LAKE TRAFFORD ROAD
P.O.BOX 913
IMMOKALEE, FL 34143 US

New Principal Place of Business:

Current Mailing Address:

LAKE TRAFFORD ROAD
P.O.BOX 913
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 59-2196938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSBOUGH, IRMA R
BOX 913, LAKE TRAFFORD RD
IMMOKALEE, FL 33934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSBOUGH, IRMA R,
Address: LAKE TRAFFORD RD, 1703
City-St-Zip: IMMOKALEE, FL 00000,

Title: VD () Delete
Name: KING, MARILYN R,
Address: HC 71 BOX 1428
City-St-Zip: SAN LORENZO, NM 88041

Title: PD () Delete
Name: GROSS, JOANNE R,
Address: RT. 1, BOX 115-B
City-St-Zip: IMMOKALEE, FL 00000,

Title: STD () Delete
Name: ROSBOUGH, MARJORIE L,
Address: 17517 ORIOLE
City-St-Zip: FT. MYERS, FL

Title: AST () Delete
Name: GROSS, BRIDGETTE L.,
Address: 3103 WHIDDEN LOOP ROAD
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE L. ROSBOUGH

STD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date