


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F85981</b> 1. Entity Name G & G GROVES, INC.	
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Principal Place of Business C/O ALICE A. GRIMES 4155 FOREST DRIVE MULBERRY, FL 33860	Mailing Address C/O ALICE A. GRIMES 4155 FOREST DRIVE MULBERRY, FL 33860
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01152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2200826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  GRIMES, ALICE A. 4155 FOREST DRIVE MULBERRY, FL 33860
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**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 (Applicable) (NOTE: Registered Agent signature required with the statement) 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	VD GRIMES, ALICE A 4155 FOREST DR MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GRIMES, PAUL S 8013 FISHER DR JONESBORO, GA 30236
TITLE NAME STREET ADDRESS CITY ST ZIP	STD GRIMES, ELIZABETH L 8013 FISHER DR JONESBORO, GA 30236
TITLE NAME STREET ADDRESS CITY ST ZIP	
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000000238261  
04/11/05-800650-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Elizabeth L. Grimes Elizabeth L. Grimes 4-6-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year