

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92964

FILED  
Sep 08, 2004  
Secretary of State

Entity Name: TOMYN GROVES, INC.

**Current Principal Place of Business:**

622 GALLEG0 AVE  
OC0EE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

622 GALLEG0 AVE  
OC0EE, FL 34761

**New Mailing Address:**

FEI Number: 59-2242676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOHLUST, G CHARLES  
1085 W MORSE BLVD  
SUITE B  
WINTER PARK, FL 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: TOMYN, MAE C  
Address: 622 GALLEG0 AVENUE  
City-St-Zip: OC0EE, FL

Title: DS ( ) Delete  
Name: LONGCOY, ELIZABETH,  
Address: 404 ORLANDO AVE. BLDG. B UNIT 2  
City-St-Zip: OC0EE, FL 34761

Title: DP ( ) Delete  
Name: TOMYN, JOHN,  
Address: 622 GALLEG0 AVE  
City-St-Zip: OC0EE, FL 00000,

**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:

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: MAE C. TOMYN

DT

09/08/2004

Electronic Signature of Signing Officer or Director

Date