

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90017 003 \*\*\*150.00

**DOCUMENT # F93000002407**

1. Entity Name

CREATIVE GROVES, INC.



Principal Place of Business

1833 N. HOWARD LAKE DRIVE  
WINTER HAVEN FL 33881

Mailing Address

1833 N. HOWARD LAKE DRIVE  
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1559937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUEGER, DOROTHY  
1833 N. HOWARD LAKE DRIVE  
WINTER HAVEN FL 33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	GUERRANT, WILLIAM G	
STREET ADDRESS	25590 NORTH SHORE DRIVE	
CITY-ST-ZIP	ELKHART IN 46514	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRUEGER, AME P	
STREET ADDRESS	1833 N. HOWARD LAKE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KRUEGER, DOROTHY	
STREET ADDRESS	1833 N. HOWARD LAKE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEGER, ERIC	
STREET ADDRESS	2056 DAWN DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D PRES	<input type="checkbox"/> Delete
NAME	KRUEGER, DENNIS	
STREET ADDRESS	101 CARIBE ISLE 1335 N. LK HOWARD DR	
CITY-ST-ZIP	NOVATO CA Winter HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEGER, LINDA	
STREET ADDRESS	101 CARIBE ISLE 1335 N. LK. Howard DR.	
CITY-ST-ZIP	NOVATO CA Winter Haven, FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>delete</i>	
STREET ADDRESS	<i>Guerrant</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dennis Krueger,</i>	
STREET ADDRESS	<i>President</i>	
CITY-ST-ZIP	<i>+ new address</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>new address</i>	
STREET ADDRESS		
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: *Dorothy Krueger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dorothy Krueger* 2-1-04 863-299-1214