

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12673

FILED
Apr 27, 2004
Secretary of State

Entity Name: R & L HASTINGS GROVES, INC.

Current Principal Place of Business:

1470 LYLE PARKWAY
BARTOW, FL 33830

New Principal Place of Business:

550 EAST DAVIDSON STREET
BARTOW, FL 33830

Current Mailing Address:

1470 LYLE PARKWAY
BARTOW, FL 33830

New Mailing Address:

550 EAST DAVIDSON STREET
BARTOW, FL 33830

FEI Number: 59-2273845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, LUCILE L.
1470 LYLE PKWY
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

HASTINGS, LUCILE L.
550 EAST DAVIDSON STREET
BARTOW, FL 33830 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HASTINGS, LUCILE L.
Address: 1470 LYLE PKWY
City-St-Zip: BARTOW, FL

Title: V () Delete
Name: NIELSEN, CAREN
Address: 1903 ENCINO BELLE
City-St-Zip: SAN ANTONIO, TX 78259

Title: S () Delete
Name: SMITH, PATRICIA H.
Address: 14931 ROYAL ORBIT
City-St-Zip: SAN ANTONIO, TX 78248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HASTINGS, LUCILE L.
Address: 550 EAST DAVIDSON STREET
City-St-Zip: BARTOW, FL 33830

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: HASTINGS, LUCILE L

PS

04/27/2004

Electronic Signature of Signing Officer or Director

Date