


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-29-2004 90085 034 ***150.00

DOCUMENT # G23341 1. Entity Name JUDY GROVE, INC.			
Principal Place of Business 1905 E PALM ST DAVENPORT FL 33836 US		Mailing Address PO BOX 1467 DAVENPORT FL 33836 US	
2. Principal Place of Business <i>Roger Judy</i> Suite, Apt. #, etc. 1905 E. Palm St. City & State Davenport, Fla. Zip 33836 Country USA		3. Mailing Address <i>Judy Grove, Inc.</i> Suite, Apt. #, etc. P.O. Box 1467 City & State Davenport, Florida Zip 33836 Country USA	
4. FEI Number 59-2292513		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JUDY, ROGER 1905 E PALM ST DAVENPORT FL 33836	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <i>Roger Judy</i> DATE 01-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP <input type="checkbox"/> Delete NAME JUDY, ROGER STREET ADDRESS 1905 E PALM ST. CITY-ST-ZIP DAVENPORT FL	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE ST <input type="checkbox"/> Delete NAME JUDY, LILLIE H STREET ADDRESS 302 E MAPLE ST. CITY-ST-ZIP DAVENPORT FL	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE V <input type="checkbox"/> Delete NAME JUDY, FRANK B STREET ADDRESS 202 E. BAY ST. CITY-ST-ZIP DAVENPORT FL 33837	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: <i>Roger Judy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-6-04 Daytime Phone # 813-287-3806	

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MOORE CR2E034 (11/03)