


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90226 018 \*\*\*150.00

**DOCUMENT # G23341**

1. Entity Name  
**JUDY GROVE, INC.**



Principal Place of Business  
**ROGER, JUDY**  
**1905 E PALM ST**  
**DAVENPORT FL 33836**  
**US**

Mailing Address  
**JUDY GROVE, INC.**  
**PO BOX 1467**  
**DAVENPORT FL 33836**  
**US**

**JUU2U103**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
*Roger Judy*  
 Suite, Apt. #, etc.  
**302 E. Maple ST.**  
 City & State  
**Davenport, FL**  
 Zip Country  
**33837 USA**

3. Mailing Address  
*Roger Judy*  
 Suite, Apt. #, etc.  
**P.O. Box 1467**  
 City & State  
**Davenport FL**  
 Zip Country  
**33836 USA**

4. FEI Number **59-2292513** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$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 **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 *Roger Judy* DATE **02-20-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JUDY, ROGER 1905 E PALM ST. DAVENPORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDY, LILLIE H 302 E MAPLE ST. DAVENPORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUDY, FRANK B 202 E. BAY ST. DAVENPORT FL 33837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Roger Judy* DATE **2-20-05** 863422 3969  
Signature and typed or printed name of signing officer or director Daytime Phone #