


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM -
Secretary of State

DOCUMENT # G28089 1. Entity Name RENMAR GROVES, INC.	
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Principal Place of Business 650 N ROCK RD P.O. BOX 2457 FT. PIERCE, FL 34945 US	Mailing Address P.O. BOX 2457 FT. PIERCE, FL 34954-9457 US
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DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2338889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCOTT, DAN C
650 N. ROCK ROAD
FT. PIERCE, FL 34945

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, MARY F. 1010 S. 9TH ST. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, EDGAR A. WEST INDRIIO RD FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, DAN C. 650 N. ROCK RD. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, WAYNE A 1809 BAYSHORE DR. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/04-80138-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____