

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G28089

Entity Name
WIMAR GROVES, INC.



Principal Place of Business
**650 N. ROCK RD
BOX 2457
FT. PIERCE, FL 34945 US**

Mailing Address
**P.O. BOX 2457
FT. PIERCE, FL 34954-9457 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2338889	Applied For <input 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

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

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IN THIS SPACE**

I, 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 re-listing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000397820
01/30/06-80064-011 150.00**

OFFICERS AND DIRECTORS

VD
**SCOTT, MARY F.
1010 S. 9TH ST.
FT. PIERCE, FL**

S
**BROWN, EDGAR A.
WEST INDRIO RD
FT. PIERCE, FL**

PD
**SCOTT, DAN C.
650 N. ROCK RD.
FT. PIERCE, FL**

T
**SCOTT, WAYNE A
1809 BAYSHORE DR.
FT. PIERCE, FL**

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Wayne A. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06
Date

782-461-7425
Daytime Phone #