

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G30699

1. Entity Name
J & J GRAY GROVES, INC.



Principal Place of Business
P.O. BOX 1406
365 SOUTH LAKE SHORE WAY
LAKE ALFRED, FL 33850

Mailing Address
P.O. BOX 1406
365 SOUTH LAKE SHORE WAY
LAKE ALFRED, FL 33850

FILED
Apr 27, 2005 08:00 AM
Secretary of State



01032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2326150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, JOHN H.
365 SOUTH LAKE SHORE WAY
LAKE ALFRED, FL 33850

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAY, J. W., JR.
STREET ADDRESS	157 LAKE OTIS RD, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	DST
NAME	GRAY, JOHN H
STREET ADDRESS	902 W LAKE OTIS DR
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80094-016 150.00

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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:

John H. Gray - Sec-Treas JOHN H. GRAY 4-25-05 863-956-3441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #