

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90045 018 ***150.00

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01112005 Chg-P CR2E034 (10/03)

DOCUMENT # G66452			
1. Entity Name WHITCO GROVES, INC.			
Principal Place of Business 225 EAST PARK AVE P O BOX 1452 LAKE WALES, FL 33859-1452		Mailing Address 225 EAST PARK AVE P O BOX 1452 LAKE WALES, FL 33859-1452	
2. Principal Place of Business <i>P.O. Box 1452</i>		3. Mailing Address <i>P.O. Box 1452</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>LAKE WALES, FL</i>		City & State <i>LAKE WALES, FL</i>	
Zip <i>33859</i>	County <i>Polk</i>	Zip <i>33859</i>	County <i>Polk</i>
6. Name and Address of Current Registered Agent TERRY, CLAY A. 1117 YARNELL AVENUE LAKE WALES, FL		4. FEI Number 59-2361365 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TERRY, CLAY A 1117 YARNELL AVE LAKE WALES, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITE, NORMAN 225 E. PARK AVE. LAKE WALES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT INGLEY, ROGER A. 1221 SO. HIGHLAND PARK DR. LAKE WALES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATSON, CHARLES 9400 W LAKE RUBY DR WINTER HAVEN, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Roger A. Ingley</i>		Date: <i>1/12/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	