

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 014 ***150.00

DOCUMENT # G76464

1. Entity Name
R.E.B. GROVES, INC.



Principal Place of Business
**2627 S. JENKINS ROAD
FORT PIERCE, FL 34981 US**

Mailing Address
**2627 S. JENKINS ROAD
SUITE 201
FORT PIERCE, FL 34981 US**

50045437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2350050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURLEY, THOMAS
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981**

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

Thomas Hurley

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

(NOTE: Registered Agent signature required when reinstating)

4/25/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Delete
NAME **BECKER, RICHARD E**
STREET ADDRESS **14 SEA COURT**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **CUSSON, JEFFREY L**
STREET ADDRESS **736 36TH AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **HURLEY, SCOTT R**
STREET ADDRESS **2627 S. JENKINS ROAD**
CITY-ST-ZIP **FORT PIERCE, FL 34981**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HURLEY, RICHARD E**
STREET ADDRESS **2627 S. JENKINS ROAD**
CITY-ST-ZIP **FORT PIERCE, FL 34981**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HURLEY, BARBARA**
STREET ADDRESS **381 INDIAN HARBOR RD**
CITY-ST-ZIP **VERO BCH, FL 32963**

TITLE **D** ☒ Change ☐ Addition
NAME **Hurley, Barbara**
STREET ADDRESS **501 N. Swim Club Drive, PH-A**
CITY-ST-ZIP **Vero Beach, FL 32963**

TITLE **TD** ☐ Delete
NAME **HURLEY, THOMAS**
STREET ADDRESS **2627 S. JENKINS ROAD**
CITY-ST-ZIP **FORT PIERCE, FL 34981**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jeffrey L. Cusson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L. CUSSON

04/25/05 772-595-3110

Date

Daytime Phone #

ATTACHMENT

50045437

G76464

Add

D

JoAnn Becker

155 Sago Palm Road

Vero Beach, FL 32963