

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83292

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** GROVES & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

1149 CREIGHTON RD. SUITE 3  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

1149 CREIGHTON RD. SUITE 3  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 59-2591831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDAVID, R.M.  
717 SOUTH PALAFXO STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GROVES, MICHELE F PSTD  
Address: 1150 NORTHBROOK DR.  
City-St-Zip: PENSACOLA, FL 32504 US

Title: D ( ) Delete  
Name: GROVES, DANIEL W VP  
Address: 1150 NORTHBROOK DRIVE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: D ( ) Delete  
Name: FAYARD, GREGORY P DIR  
Address: 4250 LANGLEY AVENUE  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE F GROVES

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date