



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-02-2005 90988 034 \*\*\*150.00

<b>DOCUMENT # H95690</b>					
1. Entity Name CAMPBELL GROVE CARE, INC.					
Principal Place of Business 905 S HILLSIDE COURT WINTER HAVEN, FL 33881			Mailing Address PO BOX 112 LAKE WALES, FL 33859		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2622369	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, ARCHIBALD L. III 905 S HILLSIDE COURT WINTER HAVEN, FL 33881			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, ARCHIBALD III		NAME		
STREET ADDRESS	905 S HILLSIDE COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, ARCHIBALD III		NAME		
STREET ADDRESS	905 S HILLSIDE COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		4-27-05		863 287-4149	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	