


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J46092
1. Entity Name
TETLEY GROVES, INC.



Principal Place of Business Mailing Address
1519 19TH PLACE P.O. BOX 998
VERO BEACH, FL 32960 US VERO BEACH, FL 32961-0998 US

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2748319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVES, W.C. IV
6655 8TH ST
VERO BEACH, FL 32968

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVES, W.C., III 5680 4TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVES, FRANCES 5680 4TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRAVES, W.C., IV 6655 8TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRAVES, W.C. IV 6655 8TH ST VERO BEACH, FL 32968
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W.C. Graves, IV - Pres 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #