


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # J46092 1. Entity Name TETLEY GROVES, INC.	
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Principal Place of Business 1519 19TH PLACE VERO BEACH, FL 32960 US	Mailing Address P.O. BOX 998 VERO BEACH, FL 32961-0998 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAVES, W.C. IV 6655 8TH ST VERO BEACH, FL 32968
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**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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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02/15/05-80056-012 150.00

**DO NOT WRITE
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, III - Pres W.C. Graves, III 1-20-05 772-566-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #