


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 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**



01182006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2748319      Not Applicable

5. Certificate of Status Desired        \$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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAVES, W.C., III
STREET ADDRESS	5680 4TH ST
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	D
NAME	GRAVES, FRANCES
STREET ADDRESS	5680 4TH ST
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	DP
NAME	GRAVES, W.C., IV
STREET ADDRESS	6655 8TH ST
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	T
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TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 - President      2/28/06    772-565-5733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #