


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J46092</b>	
1. Entity Name TETLEY GROVES, INC.	

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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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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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 02/02/07-80054-004 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *W.C. Graves, III President* 11/7/07 772-564-5273