

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # J46092

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**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2748319

Applied For
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME GRAVES, W.C. IV
STREET ADDRESS 6655 8TH ST
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000805093
02/05/08-80095-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/08

Date

772-564-5773

Daytime Phone #