

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46092

FILED  
Mar 31, 2010  
Secretary of State

Entity Name: TETLEY GROVES, INC.

**Current Principal Place of Business:**

1519 19TH PLACE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 998  
VERO BEACH, FL 329610998 US

**New Mailing Address:**

FEI Number: 59-2748319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRAVES, W.C., III  
Address: 5680 4TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: D  
Name: GRAVES, FRANCES  
Address: 5680 4TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: DP  
Name: GRAVES, W.C., IV  
Address: 6655 8TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: T,S  
Name: GRAVES, W.C. IV  
Address: 6655 8TH ST  
City-St-Zip: VERO BEACH, FL 32968

Title: AS  
Name: GRAVES, EVA Z  
Address: 6655 8TH STREET  
City-St-Zip: VERO BEACH, FL 32968

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: W.C. GRAVES IV

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

03/31/2010

\_\_\_\_\_ Date