


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # J60533 1. Entity Name GOOD GROVE, INC.	
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Principal Place of Business 4602 DOGWOOD HILLS CT. BRANDON, FL 33511 US	Mailing Address 4602 DOGWOOD HILLS COURT BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



06302004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2854323	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MELLI, CLAUDE
4602 DOGWOOD HILLS COURT
BRANDON, FL 33511

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOSEPH D ONE TAMPA CTR BLDG STE 2100 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELLI, CLAUDE 4202 DOGWOOD HILLS COURT BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEVANNE, SYLVAIN 4602 DOGWOOD HILLS CT BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/04-80034-006 150.00

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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: CLAUDE MELLI June 30/04 (813) 685 7242

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