

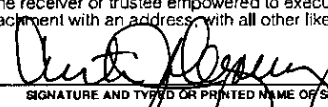


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91228 002 ***150.00

DOCUMENT # K12219					
1. Entity Name DEYOUNG GROVES, INC.					
Principal Place of Business 6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876-5735		Mailing Address 6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876-5735			
2. Principal Place of Business 6409 TRACTOR ROAD Suite, Apt. #, etc.		3. Mailing Address 6409 TRACTOR ROAD Suite, Apt. #, etc.		 04302004 Chg-P CR2E034 (10/03)	
City & State SEBRING, FL		City & State SEBRING, FL			
Zip 33876-5740	Country US	Zip 33876-5740	Country US	4. FEI Number 59-2866451	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEYOUNG, LINDA S 6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876-5735				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable) 6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876-5735				Street Address (P.O. Box Number is Not Acceptable) 6409 TRACTOR ROAD	
City SEBRING				City SEBRING	
Zip Code 33876-5740				Zip Code 33876-5740	
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 the registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEYOUNG, CURTIS J.	NAME			
STREET ADDRESS	6442 U.S. HWY 27 SO.	STREET ADDRESS	6409 TRACTOR ROAD		
CITY-ST-ZIP	SEBRING, FL 338765735	CITY-ST-ZIP	SEBRING, FL 33876-5740		
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEYOUNG, LINDA S	NAME			
STREET ADDRESS	6442 U.S. HWY 27 SO.	STREET ADDRESS	6409 TRACTOR ROAD		
CITY-ST-ZIP	SEBRING, FL 338765735	CITY-ST-ZIP	SEBRING, FL 33876-5740		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEYOUNG, STEPHEN G	NAME			
STREET ADDRESS	48 WEST MILLER AVENUE	STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Vice President		Date: 4-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (863) 386-0330	