2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K12219 1. Entity Name DEYOUNG GROVES, INC.								05-03-	2004 912	228 002 ***	150.00	
Principal Place	e of Business	5	Mailing Address									
-6442 US HIGHWAY 27 SOUTH			-6442 US HIGHWAY 27 SOUTH -									
-SEBRING, FL33876-5735-			-SEBRING, FL 33876-5735-									
							1 13 1 1 1 1 1 1 1 1 1		FINIR NITH NITH	BARN SURU BURU BAR		
2. Principal P	lace of Busin	ess	3. Mailing Address									
6409 TRACTOR ROAD			6409 TRACTOR ROAD				20 0 62	ETDIO PIOLE LEWST FIOT	R IOM DIREI OIDII	STATE BISSI BISSI BEBI	11001 13 18 03	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04302004	Chg-P	CDO	E034 (10/03)		
							04302004	Clig-r	Chzi	2034 (10/03)		
City & State			City & State				4. FEI Numbe			_ 	plied For	
SEBRING, FL			SEBRING, FL			\longrightarrow	59-2866	5451			t Applicable	
Zip	· · · · · · · · · · · · · · · · · · ·		Zip Coun		ıtry		5. Certificate	of Status Desire	d 🔲	\$8.75 Add		
338/6-3	876-5740 US 6. Name and Address of Current I		33876-5740 US		ı	7. Name and Address of New Registered Agent				<u> </u>		
•	U. Maille	negistered Agent		Name	-	7. Name and	Addiesa Of Ne	a negistelei	3 Agent	`		
DEYOUNG	S, LINDA S	3										
		27 SOUTH		Stree			Address (P.O. Box Number is Not Acceptable) 9 TRACTOR ROAD					
SEBRING;	FL 3387	0-5735-	040			IIVA	CION ROA					
		• • •			City	TNC			F	L Zip Code	e 6-5740	
8. The above	named entit	y submits this statement fo	r the purpose of changing its	register			ed agent, or bot	h, in the State o	f Florida, I a			
the obligat	ions of*regist	tered agent.									-	
SIGNATURE												
SIGNATURE -	Signature, typed	or printed name of registered agent	und title if applicable. (NOT	E: Registere	d Agent signatur	re required	when reinstating)		DATE	:		
FIL	E NOW!!!	FEE IS \$150.00	9. Election Campa			\$5.	00 May Be					
After Ma	ay 1, 200	4 Fee will be \$550.0	Trust Fund Cont	tribution.		Adde	d to Fees					
10.		OFFICERS AND	L DIRECTORS	11.			ADDITIONS/	CHANGES TO (OFFICERS AF	ND DIRECTOR:	\$ IN 11	
TITLE	DVT		☐ Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			X Change	Addition	
NAME	DEYOUN	G, CURTIS J.		NAM						44		
STREET ADDRESS	-6442-U.S.	. HWY-27-60.		STRE	et address		9 TRACTO					
CITY-ST-ZIP	-SEBRING, FL-338765735-			CHY		SEB	RING, FL	33876-	-5740			
TITLE	DPS		☐ Delete	TITLE	£					X Change	Addition	
NAME	l	G, LINDA S		NAM		640	0 00 4 000	D DOAD				
STREET ADDRESS		HWY-27-80.			ET ADDRESS		9 TRACTO		57/O			
CITY-ST-ZIP	SEBRING			-ST-ZIP	SEB.	RING, FL	33876-	-5/40				
TITLE	DV	A ATERUEN A	☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS	DEYOUN	G, STEPHEN G		NAM	ET ADDRESS					<u> </u>		
STREET ADDRESS CITY-ST-ZIP		MILLER AVENUE ACID, FL 33852			-ST-ZIP							
	DAKETE			TITL						Change	☐ Addition	
TITLE Name			☐ Delete	NAM	i					L Change	☐ Notation	
STREET ADDRESS	· ·				EET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	IΠΕ	E					☐ Change	☐ Addition	
NAME			L Dorac	NAM						<u> </u>		
STREET ADDRESS				SIRE	EET ADDRESS						i	
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TΠL	E					☐ Change	☐ Addition	
NAME				NAM	tΕ.							
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP	<u> </u>				-ST-ZIP		·····	 				
12. Thereby of	certify that th	e information supplied with	this filing does not qualify for true and that	r the exe	mption state	ed in Se	ction 119,07(3)(same legal effec	i), Florida Statut	es, I further o	certify that the in	riformation or director	
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 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 changed, or on an attackment with an address with all other like empowered.									s in Block 10 o	r Block 11 ii		
cnanged	, or on an att	acymerii with an address.	with all other like empowered	ı.								