

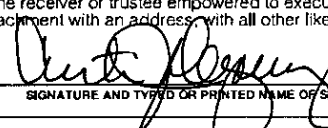


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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.			
City & State SEBRING, FL		City & State SEBRING, FL		4. FEI Number 59-2866451	
Zip 33876-5740		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Street Address (P.O. Box Number is Not Acceptable) 6409 TRACTOR ROAD City SEBRING FL 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY-ST-ZIP	DVT DEYOUNG, CURTIS J. 6442 U.S. HWY 27 SO. SEBRING, FL 338765735		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6409 TRACTOR ROAD SEBRING, FL 33876-5740	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DEYOUNG, LINDA S 6442 U.S. HWY 27 SO. SEBRING, FL 338765735		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6409 TRACTOR ROAD SEBRING, FL 33876-5740	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEYOUNG, STEPHEN G 48 WEST MILLER AVENUE LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-04 (863) 386-0330 <small>Date Daytime Phone #</small>		