2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: LARRY E CROY CONTROL OF SIGNING OFFICER OF DIRECTOR

FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90056 012 ***150.00

t. Entity Nam	e	# K89770 GROVES, INC.			01-21-2005	90056 01	2 ***150).00		
Principal Place of Business % LARRY E. CROY 2100 S TAMIAMI TR SUITE 100 SARASOTA, FL 34239-3803			Mailing Address % LARRY E. CROY 2100 S TAMIAMI TR SUITE 100 SARASOTA, FL 34239-3803				1 JULIU 18711 FEBIL 18875 BUIJ		0050	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01102005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number 65-011				plied For LApplicable
Zip	Country		Zip			5. Certificate	of Status Desired		8.75 Add ee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
CROY, LARRY E. 2100 S TAMIAMI TR SUITE 100 SARASOTA, FL 34239-3803					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	3
	ions of regis	fered agent.	r the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ded to Fees			•	
10.		OFFICERS AND				ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARRY E. TAMIAMI TR STE 100 TA, FL 342393803	€ Delete		-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete CROY, MICHAEL A. 2100 S. TAMIAMI TR STE 100 SARASOTA, FL 342393803				1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROY, C 2100 S. T	HERYL L. TAMIAMI TR STE 100 TA, FL 342393803	☐ Delete	1		·			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	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.										