


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02205 1. Entity Name L & C GROVES, INC. |  |
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|---|---|
| Principal Place of Business 2015 US HWY 27 S LAKE PLACID, FL 33852 US | Mailing Address P O BOX 1104 LAKE PLACID, FL 33862 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-2967991 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**WELLS, CYNTHIA LEIGH
2015 US HWY 27 SOUTH
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable DATE _____

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| 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WELLS, CYNTHIA LEIGH 2015 US HWY 27 SOUTH LAKE PLACID, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST WELLS, LAWRENCE B 2015 US HWY 27 SOUTH LAKE PLACID, FL |
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01/28/04-80125-009 150.00

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: <u>Cynthia L. Wells</u> <u>Cynthia L. Wells</u> | <u>1-26-04</u> <u>863-465-7155</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |