

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**-Secretary of State**

**DOCUMENT # L02205**

1. Entity Name  
**L & C GROVES, INC.**



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**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2967991**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1100000224097  
02/10/05-80068-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WELLS, CYNTHIA LEIGH
STREET ADDRESS	2015 US HWY 27 SOUTH
CITY - ST - ZIP	LAKE PLACID, FL
TITLE	VPST
NAME	WELLS, LAWRENCE B
STREET ADDRESS	2015 US HWY 27 SOUTH
CITY - ST - ZIP	LAKE PLACID, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Cynthia L. Wells Cynthia L. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05

Date

863-465-7155

Daytime Phone #