


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L64492
1. Entity Name
TRIPLE E GROVES, INC.



Principal Place of Business
**C/O LARRY E. CROY
2100 SOUTH TAMiami TRAIL, SUITE 100
SARASOTA, FL 34239-3803**

Mailing Address
**C/O LARRY E. CROY
2100 SOUTH TAMiami TRAIL, SUITE 100
SARASOTA, FL 34239-3803**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0194244 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CROY, LARRY E.
2100 SOUTH TAMiami TRAIL
SUITE 100
SARASOTA, FL 34239**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000472174
03/29/06-80026-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CROY, LARRY E. 2100 SOUTH TAMiami TRAIL, SUITE 100 SARASOTA, FL 342393803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROY, MICHAEL A 2100 SOUTH TAMiami TRAIL, SUITE 100 SARASOTA, FL 342393803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROY, CHERYL L 2100 SOUTH TAMiami TRAIL, SUITE 100 SARASOTA, FL 342393803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LARRY E CROY  3/15/06 941-555-4072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X12**