2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M87845

1. Entity Name
C AND H GROVES, INC.

Principal Place of Business	Mailing Address
C/O JAIME S. CARRION 3665 BEE RIDGE ROAD, STE. 310 SARASOTA, FL 34233	C/O JAIME S. CARRION 3665 BEE RIDGE ROAD, STE. 310 SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0057443
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCSWEENEY, ANINA C
3665 BEE RIDGE ROAD
SUITE 310
SARASOTA, FL 34233

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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, 2004 Fee will be $550.00

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

U00000105390
04/07/04-80024-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CARRION, JAIME S.
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	HARRISON, CHARLES W., SR
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL
TITLE	S
NAME	THOMAS, DORA M.C.
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL
TITLE	T
NAME	CARRION, JAIME R.
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL
TITLE	P
NAME	MCSWEENEY, A C
STREET ADDRESS	3665 BEE RIDGE RD, STE 310
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	HARRISON, C W JR
STREET ADDRESS	3665 BEE RIDGE RD, STE 310
CITY-ST-ZIP	SARASOTA, FL 34233

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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: _____ 04-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #