


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90197 034 ***150.00

DOCUMENT # M87845 1. Entity Name C AND H GROVES, INC.					
Principal Place of Business C/O JAIME S. CARRION 3665 BEE RIDGE ROAD, STE. 310 SARASOTA, FL 34233			Mailing Address C/O JAIME S. CARRION 3665 BEE RIDGE ROAD, STE. 310 SARASOTA, FL 34233		
2. Principal Place of Business 3665 Bee Ridge Road		3. Mailing Address 3665 Bee Ridge Road			
Suite, Apt. #, etc. #310		Suite, Apt. #, etc. #310			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-0057443	
Zip 34233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRION, JAIME S 3665 BEE RIDGE ROAD SUITE 310 SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARRION, JAIMES S 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, CHARLES W., SR 3665 BEE RIDGE RD. #310 SARASOTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, DORA M.C. 3665 BEE RIDGE RD. #310 SARASOTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRION, JAIME R. 3665 BEE RIDGE RD. #310 SARASOTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSWEENEY, ANINA C 3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, C W JR 3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carrion, Jaime S 3665 Bee Ridge Road #310 Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McSweeney, Anina C 3665 Bee Ridge Road #310 Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 of an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dora Maria Thomas</i></u> <u><i>4-10-06 941-923-4551</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

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