2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 29, 2004 8:00 am
Secretary of State
05-21-2004 90002 029 ***150.00

DOCUMENT # P00000102295

1. Entity Name
GROCE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
RT 1, BOX 83 WESTVILLE, FL 32464	1895 HWY 179A WESTVILLE, FL 32464

66429193

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1262477
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELLENBURG, LISA
1136 ENGLISH LANE
WESTVILLE, FL 32464

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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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GROCE, L D
STREET ADDRESS	RT. 1 BOX 83
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	S
NAME	GROCE, BETTY
STREET ADDRESS	RT. 1 BOX 83
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Betty Groce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #