

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 043 ***150.00

DOCUMENT # P01000043174

1. Entity Name
GROVES PAINT & DECORATING CENTERS, INC.



Principal Place of Business
**1167 S 6TH ST
MACLENNY, FL 32063**

Mailing Address
**5300-2 JAMMES RD.
JACKSONVILLE, FL 32210**

24069108



2. Principal Place of Business

3. Mailing Address

6641 103RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-3712746

Applied For

Not Applicable

Zip

Country

Zip

Country

32210

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROVES, DARIEN E
5300-2 JAMMES RD.
JACKSONVILLE, FL 32210**

Name

DARIEN GROVES

Street Address (P.O. Box Number is Not Acceptable)

6641 103RD STREET

City

JACKSONVILLE

FL

Zip Code

32210

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.29.04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
GROVES, DARIEN E
5300-2 JAMMES RD.
JACKSONVILLE, FL 32210**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DARIEN E. GROVES
6641 103RD ST
JAX, FL 32210**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GROVES, EDWARD W
5300-2 JAMMES RD.
JACKSONVILLE, FL 32210**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
EDWARD W. GROVES
6641 103RD ST
JACKSONVILLE, FL 32210**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.04 904778.3774

Date

Daytime Phone #