


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 009 ***150.00

DOCUMENT # P01000043309	
1. Entity Name KALVIN M. GROVE, P.A.	

Principal Place of Business 360 CENTRAL AVE., 11TH FL ST. PETERSBURG, FL 33701	Mailing Address C/O ENGLANDER & FISCHER, P.A. PO BOX 1954 ST. PETERSBURG, FL 33731-1954
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50033042

2. Principal Place of Business 3110-2nd St. West	3. Mailing Address 3110-2nd St. West
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pass-a-Grille, FL	City & State Pass-a-Grille FL
Zip 33706	Zip 33706
Country USA	Country USA



03282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3722522	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ENGLANDER & FISHER, P.A. 721 FIRST AVE. N. ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name Kalvin M. Grove Street Address (P.O. Box Number is Not Acceptable) 3110-2nd St. West City Pass-a-Grille FL Zip Code 33706
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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 *Kalvin M. Grove* **3/30/05**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVE, KALVIN M 360 CENTRAL AVE., 11TH FL ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 3110-2nd Street West Pass-a-Grille, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kalvin M. Grove* **3/30/05** **727-360-0686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #