

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103379

Entity Name: LECLARE GROVES, INC.

FILED
Jan 14, 2004
Secretary of State

Current Principal Place of Business:

4104 W. LINEBAUGH AVENUE
SUITE 200
TAMPA, FL 33624 US

New Principal Place of Business:

19515 DEER LAKE ROAD
LUTZ, FL 33548 US

Current Mailing Address:

4104 W. LINEBAUGH AVENUE
SUITE 200
TAMPA, FL 33624 US

New Mailing Address:

19515 DEER LAKE ROAD
LUTZ, FL 33548 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, LAWRENCE M
4104 W. LINEBAUGH AVENUE
SUITE 200
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WILLIS, LAWRENCE M
19515 DEER LAKE ROAD
LUTZ, FL 33548 US

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.

SIGNATURE:

01/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WILLIS, LAWRENCE M
Address: 4104 WEST LINEBAUGH AVENUE SUITE 200
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WILLIS, LAWRENCE M
Address: 19515 DEER LAKE ROAD
City-St-Zip: LUTZ, FL 33548 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M. WILLIS

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date