

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90021 019 \*\*\*150.00

<b>DOCUMENT # P03000128463</b>					
<b>1. Entity Name</b> <b>DONNIE GROVE'S POOLS, INC.</b>					
<b>Principal Place of Business</b> 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32937			<b>Mailing Address</b> 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32937		
<b>2. Principal Place of Business</b> 430 Atlantis Dr.			<b>3. Mailing Address</b> Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> Satellite Beach, FL			<b>City &amp; State</b> FL		
<b>Zip</b> 32937			<b>Country</b> Brevard		
<b>4. FEI Number</b> 20-0435673			<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> GROVE, VALERIE L 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32937			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE: <u>Valerie L. Grove</u> <span style="float: right;">1/7/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GROVE, DONALD L 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GROVE, VALERIE L 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Valerie L. Grove</u> <b>Valerie L. Grove</b>			<b>1/7/04</b> <b>321</b> <b>508-8699</b> <small>Date Daytime Phone #</small>		