

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000044453

1. Entity Name
NASH GROVES II, INC.



**FILED
Apr 11, 2005 8:00 am
Secretary of State**

04-11-2005 90145 031 ***150.00

Principal Place of Business 19469 PINETREE DR TEQUESTA, FL 33469	Mailing Address 19469 PINETREE DR TEQUESTA, FL 33469
--	--

2. Principal Place of Business <i>117 NORTH U.S.#1-#113</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TEQUESTA</i>	City & State <i>FLORIDA</i>
Zip <i>33469</i>	Country <i>Palm Beach</i>
Zip <i>33469</i>	Country <i>Palm Beach</i>

6. Name and Address of Current Registered Agent ORVIS, HERBERT 19469 PINETREE DR TEQUESTA, FL 33469	7. Name and Address of New Registered Agent Name <i>WILSON ORVIS</i> Street Address (P.O. Box Number is Not Acceptable) <i>117 NORTH U.S.#1-#113</i>
--	---

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 *Wilson Orvis* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-7-2005*

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
---	--

OPST

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORVIS, HERBERT 19469 PINETREE DR TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ORVIS, LACENE 19469 PINETREE DR TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

*WILSON ORVIS
9230 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS, FL 33418*

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: *Wilson Orvis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*561-951-7313
4-7-05*