


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 005 ***150.00

DOCUMENT # P05000035786

1. Entity Name
THE GROVES OF PEACE RIVER INC.



Principal Place of Business
**4757 SWEETWATER ROAD
 ZOLFO SPRINGS, FL 33890**

Mailing Address
**4757 SWEETWATER ROAD
 ZOLFO SPRINGS, FL 33890**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1264
 Suite, Apt. #, etc.

City & State
Wauchula, FL

4. FEI Number
20-2462644

Applied For
 Not Applicable

Zip
33873

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



03072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**BAILEY, CARLOS N
 4757 SWEETWATER ROAD
 ZOLFO SPRINGS, FL 33890**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P BAILEY, CARLOS N 2795 CR 94 FYFFE, AL 35971 <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	S BAILEY, BRENDA C 2795 CR 94 FYFFE, AL 35971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carlos N. Bailey **3-8-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #