

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000018781 1. Entity Name GROVELAND, INC.	
--	---

FILED
 CLERK OF STATE
 DIVISION OF CORPORATIONS
 04 MAR 24 PM 12:04

Principal Place of Business 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	Mailing Address 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801
--	--



2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3229769
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

01152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent B&C CORPORATE SVCS OF CNTRL FLORIDA, INC 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%; text-align: center;">FL</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	FL	Zip Code
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BROWN, C. DAVID II 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">600031764626</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">04/05/04--01008--021 **150.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSEN, ROBERT T 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV Haworth, Holly 390 N Orange Ave, Ste 1100 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MYERS, JANICE 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST Pope, Saleesa M. 390 N. Orange Ave, Ste 1100 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLIGOOD, RANDAL M. 390 N. ORANGE AVE., #1100 ORLANDO, FL 32801 <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: C. David Brown II 3/18/04 407-839-4200

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

C. David Brown II, President