2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082646

Entity Name: GROVE CORPORATE, INC.

FERRUCCI, MARK A

1209 ORANGE STREET

WILMINGTON, DE 19801

Name:

Address: City-St-Zip:

Apr 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1733 W. FLETCHER AVENUE TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 1733 W. FLETCHER AVENUE TAMPA, FL 33612 FEI Number: 59-3341455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALTERS, CLIFFORD L 802 11TH STREET WEST US BRADENTON, FL 34205 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEVIN, RICHARD Name: Name: 1733 WEST FLETCHER AVENUE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: VSD Title: Title: () Delete () Change () Addition LEVIN RICE, SUZANNE Name: Name: 1733 FLETCHER AVENUE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: Title: VS. () Delete () Change () Addition LEVIN, STEVEN Name: Name: 21301 POWERLINE ROAD SUITE #312 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition LEVIN, JILL Name: Name: Address: P.O. BOX 11229 N/A Address: City-St-Zip: MARGATE, FL 37939 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUZANNE RICE VSD 04/22/2004