

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000023372**

1. Entity Name  
**JJ & E GROVE, INC.**



Principal Place of Business  
**1110 OLD FT. GREEN RD.  
WAUCHULA, FL 33873**

Mailing Address  
**1110 OLD FT. GREEN RD.  
WAUCHULA, FL 33873**



07052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0587312**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MURPHY, EDWINA  
1110 OLD FT GREEN RD  
WAUCHULA, FL 33873**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	MURPHY, EDWINA
STREET ADDRESS	1110 OLD FT. GREEN RD.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	PD
NAME	MOSELEY, JOHN M
STREET ADDRESS	2135 LONNIE SHACKELFORD ROAD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	TD
NAME	MOSELEY, JACK E
STREET ADDRESS	3857 MURRAY RD
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000164464  
07/08/04-80009-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Edwina Murphy - Edwina Murphy* 7-5-04 773-4174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #