

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000066248**

1. Entity Name

THE GROVE GOURMET, INC.



Principal Place of Business

16050 WEST ORANGE AVENUE  
FORT PIERCE, FL 34945

Mailing Address

979 BEACHLAND BLVD.  
VERO BEACH, FL 32963



**DO NOT WRITE IN THIS SPACE**

02012005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3394428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

b. Name and Address of Current Registered Agent

GRUBB, LORI  
16050 W ORANGE AVE  
FORT PIERCE, FL 34945

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE OD  
NAME GRUBB, LORI S  
STREET ADDRESS 16050 WEST ORANGE AVENUE  
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE OD  
NAME SCHIRARD, J. BRANTLEY  
STREET ADDRESS 16050 WEST ORANGE AVENUE  
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/27/05-80008-025 150.00

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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:

*Lori Schirard Grubb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05  
Date

172-595-0735  
Daytime Phone #