


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000099961</b>		
1. Entity Name <b>H &amp; T GROVES, INC.</b>		
Principal Place of Business <b>2580 EXECUTIVE ROAD WINTER HAVEN, FL 33884</b>		Mailing Address <b>2580 EXECUTIVE ROAD WINTER HAVEN, FL 33884</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01312006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>59-3418409</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>TURNER, MARK G 255 MAGNOLIA AVE SW WINTER HAVEN, FL 33880</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE <b>02/13/06-80056-014 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARNED, JOHN J 2580 EXECUTIVE ROAD WINTER HAVEN, FL 33884	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TURNER, BROOKS C 1501 FIRST STREET S WINTER HAVEN, FL 33880	
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		
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: <u>Brooks C. Turner</u> V.P.		1/31/06 800 388-8992
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>