

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000033410**

1. Entity Name  
**STILES GROVE, INC.**



Principal Place of Business  
**300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0762668** Applied For  
Not Applicable

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

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

**JONES, PATRICIA  
C/O STILES CORP  
300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	STILES, TERRY W
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VT
NAME	EAGON, DOUGLAS P
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VS
NAME	JONES, PATRICIA
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	V
NAME	STINE, JAMES W
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	V
NAME	O'SHEA, DENNIS F
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	V
NAME	FERRERA, ROCCO
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

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04/27/06-80039-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Terry D. Stiles Terry D. Stiles 3/10/06 954-827-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #