


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000018146 1. Entity Name CONWAY GROVES, INC. |  |
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| Principal Place of Business 105 E ROBINSON STREET SUITE 310 ORLANDO, FL 32801 | Mailing Address 105 E ROBINSON STREET SUITE 540 ORLANDO, FL 32801 |
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DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|--|
| 4. FEI Number 59-3500314 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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8. Name and Address of Current Registered Agent

MCCALL, RANDALL E
105 E. ROBINSON STREET STE 540
ORLANDO, FL 32801

**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: Randall E. McCall DATE: 2/13/06

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | DP MCCALL, RONALD W PO BOX 699 APOPKA, FL 327040699 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MCCALL, HOLLY J PO BOX 699 APOPKA, FL 327040699 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MCCALL, RANDALL E PO BOX 699 APOPKA, FL 327040699 |
| 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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02/25/06-80009-015 158.75

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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: Randall E. McCall DATE: 2/13/06 Daytime Phone #: 407-880-9029

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR