

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90065 047 \*\*\*150.00

**DOCUMENT # P98000024335**

1. Entity Name

J. & A. GROVES & CATTLE, INC.



Principal Place of Business

4962 N.W. COUNTY RD. 661  
ARCADIA FL 34266

Mailing Address

4962 N.W. COUNTY RD. 661  
ARCADIA FL 34266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3501329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EUGENE E. WALDRON JR.~~  
~~BROWN, FLETCHER~~  
124 NORTH BREVARD AVE.  
ARCADIA FL 34266

Name

Eugene E. Waldron, Jr

Street Address (P.O. Box Number is Not Acceptable)

124 N. Brevard Ave.

City

Arcadio

FL

Zip Code

34266

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 EUGENE E. WALDRON JR

Eugene E. Waldron

1/26/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, JAMES T	
STREET ADDRESS	4962 N.W. COUNTY RD. 661	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORRIS, H A	
STREET ADDRESS	4962 N.W. COUNTY RD. 661	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, J.P.	
STREET ADDRESS	PO BOX 1191	
CITY-ST-ZIP	Arcadia, FL. 34265	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS J.P	
STREET ADDRESS	PO BOX 1191	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James T. Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 (863)494-2881

Date

Daytime Phone #