


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000093847	
1. Entity Name LMT GROVES, INC.	

Principal Place of Business 2800 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 US	Mailing Address 525 TIFFANY TERR. LAKE LAND, FL 33813-1116 US
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04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3546042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LASSITER, CHARLES M 2800 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TESTON, ROBERT W 525 TIFFANY TERR. LAKE LAND, FL 338131116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGUIRE, CRAIG A 1544 SAN RAFAEL WAY ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LASSITER, CHARLES M 2800 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084
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U00000308346 04/15/05-80089-019 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Robert W. Teston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PRESIDENT/DIRECTOR	Date: 4-12-2005 (863) 682-4117 <small>Daytime Phone #</small>