

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90243 039 ***150.00

DOCUMENT # P99000067088

1. Entity Name

DEREUS GROVES, INC.



Principal Place of Business

510 N. FLORIDA AVE.
LAKELAND FL 33801

Mailing Address

510 N. FLORIDA AVE.
LAKELAND FL 33801

34061664



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3597183**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEREUS, MARJORIE A
2050 ARIANA BLVD.
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **P** ☐ Delete
NAME **DEREUS, FORREST E**
STREET ADDRESS **2050 ARIANA BLVD.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **VP** ☐ Delete
NAME **DEREUS, MARK T**
STREET ADDRESS **726 ORANGE PARK AVE.**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **T** ☐ Delete
NAME **DEREUS, MARJORIE A**
STREET ADDRESS **2050 ARIANA BLVD.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **SD** ☐ Delete
NAME **LALONDE, SHARRON D**
STREET ADDRESS **2182 ARIANA BLVD.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharron D Lalonde *Sharron D Lalonde* *4/20/04* *863-8853*