

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S19328

1. Entity Name  
KENNETH DEVANE GROVES, INC.



Principal Place of Business

912 NE 9TH STREET  
FT. MEADE, FL 33841

Mailing Address

912 NE 9TH STREET  
FT. MEADE, FL 33841



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3051246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

DEVANE, SANDRA L.  
912 NE 9TH STREET  
FT. MEADE, FL 33841

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | DEVANE, SANDRA L.   |
| STREET ADDRESS | 912 NE 9TH STREET   |
| CITY-ST-ZIP    | FT. MEADE, FL       |
| TITLE          | PD                  |
| NAME           | DEVANE, KENNETH     |
| STREET ADDRESS | 912 N.E. 9TH STREET |
| CITY-ST-ZIP    | FT. MEADE, FL       |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Floyd K. Devane Jr.* Floyd K. Devane Jr. president

Date

3/21/05 863 285 9503

Daytime Phone #