


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # S43415 1. Entity Name STUART GROVES, INC.			
Principal Place of Business 4857 TARPON AVE BONITA SPRINGS FL 34134		Mailing Address 4857 TARPON AVE BONITA SPRINGS FL 34134 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STUART, CHRISTOPHER JOHN 3241 N. E. MCINTYRE ARCADIA FL 33821		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0299216** Applied For Not Applied

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

PO Jack
6033
1-23-06

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VD	TITLE	
NAME	STUART, CHRISTOPHER JOHN	NAME	
STREET ADDRESS	3241 N. E. MCINTYRE	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DP	TITLE	
NAME	STUART, KENNETH R.	NAME	
STREET ADDRESS	9913 ORTEGA LANE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DST	TITLE	
NAME	STUART, NANCY L.	NAME	
STREET ADDRESS	9913 ORTEGA LANE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

1100000405354
02/07/06-80036-009 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kenneth R Stuart* **Kenneth R Stuart** 1/24/06 239-947-0979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #