


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 13 AM
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # S51820 1. Entity Name GREAT RIVER GROVES, INC.					
Principal Place of Business 1640 VALLEY DR VENICE, FL 34292-4319 US			Mailing Address 1640 VALLEY DR VENICE, FL 34292-4319 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 65-0307356				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAVEN, WILLIAM P. 1640 VALLEY DRIVE VENICE, FL 34292-1319			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CRAVEN, WILLIAM P. 1640 VALLEY DRIVE VENICE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST C CRAVEN, JOAN 1240 VALLEY DR VENICE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: WILLIAM P. CRAVEN 3 DEC 04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

941-484-3294

3 Dec 04
I received these 2 Remittance
notices & see that the fees are
\$150.00 each.

I only paid ^{\$150.00} each. last year in
March of 2003

I did not receive any notices
of the amount due in 2004.

The first notice I received were
2 Cards. I attached a stamp on each one
& sent it back - no answer I
received another 2 Cards. This time
I set them in an envelope & received
those two notices back.

I am returning these two notices
with a check for \$150.00 each the
same as last year.

(1)

I tried to call several times
when I received these two notices
but was informed that you were
so busy that I should keep
trying

I did but I still got the
same message.

I hope the class
up the paperwork.

That
JH

WILLIAM P. COVEY.

P.S. I am a Snow Bird & I
assume that, that was the problem
with the mail

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