

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65574

FILED  
Feb 05, 2006  
Secretary of State

Entity Name: GROUP VENTURES, INC.

## Current Principal Place of Business:

4800 WOODLANE CIRCLE  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

4495 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

## Current Mailing Address:

4800 WOODLANE CIRCLE  
TALLAHASSEE, FL 32303

## New Mailing Address:

4495 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

FEI Number: 59-3077966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPERRY, TODD H.  
4800 WOODLANE CIRCLE  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

WELLS, BARTLETT C  
4495 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: BARTLETT C WELLS

02/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SPERRY, TODD H.,  
Address: 7064 ATTASCADERO LANE  
City-St-Zip: TALLAHASSEE, FL

Title: VPD ( ) Delete  
Name: BENTON, TONY C.,  
Address: 48 SANDERS CEMETARY ROAD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: STD ( ) Delete  
Name: WELLS, BART C  
Address: 339 MILESTONE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: WELLS, BARTLETT C  
Address: 339 MILESTONE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARTLETT C WELLS

STD

02/05/2006

Electronic Signature of Signing Officer or Director

Date