

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # V46301

1. Entity Name*
GROVES PAINTING COMPANY, INC.



Principal Place of Business
6641 103RD ST
JACKSONVILLE, FL 32210

Mailing Address
6641 103RD ST
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3116608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GROVES, DARIEN
6641 103RD ST
JACKSONVILLE, FL 32210

**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 renewing)

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 PST
NAME GROVES, DARIEN
STREET ADDRESS 6641 103RD ST
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VPD
NAME GROVES, TAMARA G
STREET ADDRESS 6641 103RD ST
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME GROVES, EDWARD W
STREET ADDRESS 6641 103RD ST
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000320088
04/21/05-80023-023 150.00

**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)(f), 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 #

Darien Groves

4.20.05

904 778 3774