


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # V56083 1. Entity Name HERNANDO GROVES, INC.	
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Principal Place of Business 9848 DOMINGO DRIVE BROOKSVILLE, FL 34601 US	Mailing Address 9848 DOMINGO DRIVE BROOKSVILLE, FL 34601 US
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3131683	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEFFIELD, CHARLES G 9848 DOMINGO DRIVE BROOKSVILLE, FL 34601
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000072970 03/02/04-80015-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEFFIELD, CHARLES C. 9848 DOMINGO DRIVE BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILIZIANO, JOSEPH P 4322 FOX RIDGE DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILIZIANO, JOHN 16431 OFFENHOUR RD. ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOSE R GARMENDIA, JR. 29210 CROSSLAND DRIVE WESLEY CHAPEL, FL
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: <i>Charles G. Sheffield, Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>2/13/04</i>	Daytime Phone # <i>352 799 6691</i>
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