

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S43415

**Entity Name:** STUART GROVES, INC.

**Current Principal Place of Business:**

7839 CROOKED CREEK LN  
ZOLFO SPRINGS, FL 33890

**Current Mailing Address:**

7839 CROOKED CREEK LN  
ZOLFO SPRINGS, FL 33890 US

**FEI Number:** 65-0299216

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STUART, CHRISTOPHER JOHN  
7839 CROOKED CREEK LN  
ZOLFO SPRINGS, FL 33890 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY,  
                     TREASURER  
Name            STUART, CHRISTOPHER J  
Address        7839 CROOKED CREEK LN  
City-State-Zip: ZOLFO SPRINGS FL 33890

Title            VP  
Name            STUART, SHAUN  
Address        7839 CROOKED CREEK LN  
City-State-Zip: ZOLFO SPRINGS FL 33890

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHAUN STUART

VP

05/19/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date