


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90099 037 \*\*\*150.00

<b>DOCUMENT # 141325</b>	
1. Entity Name <b>THE DASHER GROVES, INC.</b>	

Principal Place of Business <b>203 S. SEVENTH AVENUE WAUCHULA, FL 33873</b>	Mailing Address <b>P.O. BOX 68 WAUCHULA, FL 33873</b>
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**60011588**



2. Principal Place of Business - No P.O. Box # <b>3427 Hampton Road</b>	3. Mailing Address <b>PO Box 68</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State <b>Wauchula, FL</b>	City & State <b>Wauchula, FL</b>
Zip <b>33873</b>	Zip <b>33873</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-0612959</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DASHER LAMB, NONA 203 S. SEVENTH AVENUE WAUCHULA, FL 33873</b>	
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7. Name and Address of New Registered Agent Name <b>Dasher, Nona</b> Street Address (P.O. Box Number is Not Acceptable) <b>1935 Polk Road</b> City <b>Wauchula</b> FL Zip Code <b>33873</b>	
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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 <b>Nona E. Dasher</b> <b>NONA E. DASHER</b> <b>2/2/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAMB, NONA D 203 S. SEVENTH AVENUE WAUCHULA, FL 33873</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DASHER, NONA 1935 POLK ROAD WAUCHULA, FL 33873</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DASHER, RICHARD 3427 HAMPTON RD WAUCHULA, FL 33873</b> <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	<b>PD DASHER, ELEANOR 250 DASHER RD LAKE PLACID, FL 33852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DASHER, ELEANOR 951 Metheny Lane Wauchula, FL 33873</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DASHER, JONATHAN 250 DASHER RD LAKE PLACID, FL 33852</b> <input checked="" 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Richard F. Dasher</b> <b>Richard F. Dasher</b> <b>29 Jan 2007</b> <b>863 781 0162</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	