


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 195438 1. Entity Name CENTRAL FLORIDA GROVE SERVICE INC	
--	---

Principal Place of Business 700 SOUTH HAWTHORNE AVE P.O. DRAWER 1010 APOPKA, FL 32704-1010	Mailing Address 700 SOUTH HAWTHORNE AVE P.O. DRAWER 1010 APOPKA, FL 32704-1010
---	---



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6944755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCLURE, GEORGE G 700 E SANDPIPER ST APOPKA, FL 32704-1010

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, GEORGE 700 SANDPIPER ST APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, JOHN P 5325 SUMMERLIN RD PORT SAINT LUCIE, FL 34988
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, NANCY B 700 E SANDPIPER ST APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCLURE, GEORGE 700 SANDPIPER ST APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POSEY, PATRICIA 155 E. TRAILER HAVEN LN APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLURE, NANCY B 700 SANDPIPER STREET APOPKA, FL

000000235056
02/18/05-81046-006 150.00

**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: Patricia Posey, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05 407-889-4746
Date Daytime Phone #