

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-8944755

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

6. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

000000545889
05/11/06-80089-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/06 (407) 233 5607