## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 195438** 

Entity Name: CENTRAL FLORIDA GROVE SERVICE INC

# Apr 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

700 SOUTH HAWTHORNE AVE P.O. DRAWER 1010 APOPKA, FL 327041010

1996 TOURNAMENT DR. APOPKA, FL 32712

#### **Current Mailing Address:**

700 SOUTH HAWTHORNE AVE P.O. DRAWER 1010 APOPKA, FL 327041010

**New Mailing Address:** 1996 TOURNAMENT DR.

APOPKA, FL 32712

FEI Number: 59-6944755 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCLURE, GEORGE G 700 E SANDPIPER ST APOPKA, FL 327041010 US MCCLURE, JOHN PETER 5325 SUMMERLIN RD.

PORT ST. LUCIE, FL 34987 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: JOHN PETER MCCLURE

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

#### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete MCCLURE, GEORGE Name: 700 SANDPIPER ST Address: City-St-Zip:

APOPKA FL

Title: () Delete Name: MCCLURE, JOHN P 5325 SUMMERLIN RD Address: PORT SAINT LUCIE, FL 34988 City-St-Zip:

Title: () Delete MCCLURE, NANCY B Name: 700 E SANDPIPER ST Address: City-St-Zip: APOPKA, FL

Title: (X) Delete MCCLURE, GEORGE Name: Address: 700 SANDPIPER ST

City-St-Zip: APOPKA, FL

Title: (X) Delete POSEY, PATRICIA Name:

155 E. TRAILER HAVEN LN Address: City-St-Zip: APOPKA, FL

Title: (X) Delete MCCLURE, NANCY B Name:

700 SANDPIPER STREET Address: City-St-Zip: APOPKA, FL

Title: (X) Change ( ) Addition

MCCLURE, JOHN PETER Name: 5325 SUMMERLIN RD. Address: City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VP/T (X) Change ( ) Addition

Name: MCCLURE, NANCY B 1996 TOURNAMENT DR. Address: APOPKA, FL 32712 City-St-Zip:

Title: (X) Change ( ) Addition

POSEY, PATRICIA Name: 1996 TOURNAMENT DR. Address: City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

P/D

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN PETER MCCLURE Electronic Signature of Signing Officer or Director

04/17/2007

Date