# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2008**
**Secretary of State**

DOCUMENT# 195438

**Entity Name:** CENTRAL FLORIDA GROVE SERVICE INC

**Current Principal Place of Business:**

1996 TOURNAMENT DR.
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1996 TOURNAMENT DR.
APOPKA, FL 32712

**New Mailing Address:**

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

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

MCCLURE, JOHN PETER
5325 SUMMERLIN RD.
PORT ST. LUCIE, FL 34987 US

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

MCCLURE, NANCY B
1996 TOURNAMENT DR.
APOPKA, FL 32712 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: NANCY B MCCLURE 03/04/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: MCCLURE, JOHN PETER
Address: 5325 SUMMERLIN RD.
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VP/T (X) Delete
Name: MCCLURE, NANCY B
Address: 1996 TOURNAMENT DR.
City-St-Zip: APOPKA, FL 32712

Title: S (X) Delete
Name: POSEY, PATRICIA
Address: 1996 TOURNAMENT DR.
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition
Name: MCCLURE, NANCY B
Address: 1996 TOURNAMENT DR.
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NANCY B. MCCLURE P/D 03/04/2008
Electronic Signature of Signing Officer or Director Date