

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90102 037 ***152.00

DOCUMENT # 223992

1. Entity Name
JOE MIDDLETON GROVES, INC.



Principal Place of Business

~~1001 SE 8TH ST~~ **15W 1ST PI**
~~P.O. BOX 5940~~ **633**
~~OCALA, FL 34478-5940 US~~
Crystal River FL 34429

Mailing Address

~~1001 SE 8TH ST~~
~~P.O. BOX 5940~~ **633**
~~OCALA, FL 34478-5940 US~~
Crystal River FL 34423

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1033806

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELLIOTT, NANCY
620 N.W. 80TH BLVD.
GAINESVILLE, FL 32607

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CLARK, JUDY
1001 SE 8TH ST
OCALA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SEXSMITH, SUSAN
9385 SILVER LAKE DR
LEESBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ELLIOTT, NANCY JO
620 N.W. 80TH BLVD.
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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:

Judy Clark S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05
Date

352-795-2130
Daytime Phone #