

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 223992

1. Entity Name

JOE MIDDLETON GROVES, INC.



Principal Place of Business

15 W 1ST PL
P.O. BOX 633
CRYSTAL RIVER FL 34429
US

Mailing Address

15 W 1ST PL
P.O. BOX 633
CRYSTAL RIVER FL 34429
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
U000000825364
02/21/08-800006-022 150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Judy Clark Sec/Treas 2-8-08 352-732-2130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number