2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2005 8:00 am Secretary of State 02-08-2005 90011 033 ***150.00

PRIORE PRICE PRI	DOCUMENT # 227959 1. Entity Name AIRPORT GROVE CORP OF POLK COUNTY						02-08-20	05 90011 033 ***	150.00
BOX 65	Principal Place of Business Mailing Address							50011	766
Surie. Apt. #, etc. Surie. Apt. #, etc. Surie. Apt. #, etc. 101052005 Chg.P CR2E034 (10/03)	BOX 65 Poinsettia ave. e. of 3rd st.		BOX 65 Poinsettia ave. e. of 3rd st.			; FRIO FRON OBER ANIO 482			
City & State	2. Principal Place of Business		3. Mailing Address						
2p	Suite, Apt, #, etc.		Suite, Apt. #, etc.		01052005	Chg-P	CR2E034 (10/03)		
S. Certificate of Statuto Desired Fee Required	City & State		City & State				——————————————————————————————————————		
PERDUE_J W POINSETTIA AVE. E. OF 3RD ST. ALTURAS, FL 33820 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in the State of Fice Address (P.O. Box Number is Not Acceptable in the State of Fice Acceptable	Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired	S8.75 Add Fee Require	ditional ed
PERDUE_J W POINSETTIA AVE_E_OF 3RD ST. Alternation Poinset Alternation Poinset Poi		6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered Agent	
Sire Auditor Sire Auditor	DEDDUE I	1307			Name				
E. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature Signatu	POINSETTIA AVE. E. OF 3RD ST.			Street Address (P.O. Box Number is Not Acceptable)					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat									
SIGNATURE TILE NOW!!! FEE IS \$150.00 P. Election Campaign Financing Added to Fees	•				City			FL Zip Cod	е
Note	8. The above the obligati	named entity submits this statement folions of registered agent.	or the purpose of changing it	s register	ed office or regist	ered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
### After May 1, 2005 Fee will be \$50.00 10.		Signature, typed or printed name of registered agent	and title if applicable. (NO	TC: Regisiere	d Agent signatura гедыг	ed when reinstating)	·	DATE	
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CITY-ST-ZIP CITY-ST-ZIP 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	TITLE NAME STREET ADDRESS		☐ Delote	NAM STRE	E Et address			Change	☐ Addilion

indicated on this report or supplied with this ming does not quality 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: _

M. Publish

Jibhature and typed or printed name of signing officer or director

February 1, 2005