

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90011 046 ***150.00

DOCUMENT # 227968

1. Entity Name
SPALDING GROVE CORP.



Principal Place of Business
**POINSETTIA AVE. E. OF 3RD
P.O. BOX 65
ALTURAS, FL 33820**

Mailing Address
**POINSETTIA AVE. E. OF 3RD
P.O. BOX 65
ALTURAS, FL 33820**

50011753



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0889518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERDUE, J W
POINSETTIA AVE OF 3RD
P.O. BOX 65
ALTURAS, FL 33820**

**DO NOT WRITE
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 reinstating) 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	ST D
NAME	ONAHUE, SUSAN E
STREET ADDRESS	2065 FLAMINGO DR
CITY-ST-ZIP	BARTOW, FL
TITLE	PD
NAME	PERDUE, J.W.
STREET ADDRESS	POINSETTIA AVE OF 3RD
CITY-ST-ZIP	ALTURAS, FL 33820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

J. W. Perdue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

Date

863-537-1110

Daytime Phone #