

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 235523

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** GARRARD GROVE SERVICE, INC.

**Current Principal Place of Business:**

7634 WAVERLY RD  
WAVERLY, FL 33877 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 797  
WAVERLY, FL 33877 US

**New Mailing Address:**

**FEI Number:** 59-0887001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARRARD, DOUGLAS L.  
#5 GROVE COURT, S.E.  
WINTER HAVEN, FL 33884 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STDV  
Name: GARRARD, DOUGLAS L.  
Address: # 5 GROVE COURT, S.E.  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: PD  
Name: FELIX, LAURA G  
Address: 5950 PELICAN BAY PLAZA #501  
City-St-Zip: GULFPORT, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS L. GARRARD

STDV

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date