

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 245429

1. Entity Name
SAMPLE GROVES INC



Principal Place of Business
**131 ARROWHEAD LANE
HAINES CITY, FL 33844**

Mailing Address
**131 ARROWHEAD LANE
HAINES CITY, FL 33844**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1011185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTHA W. JONES
131 ARROWHEAD LANE
HAINES CITY, FL 33844**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MARTHA W JONES
STREET ADDRESS	131 ARROWHEAD LANE
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	VD
NAME	PAUL R JONES
STREET ADDRESS	4553 ALLEN PARK PATH
CITY-ST-ZIP	SUWANEE, GA 30024
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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01/25/08-80038-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Martha W. Jones Pres **Martha W. Jones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-08 (863)422-2751

Date

Daytime Phone #