

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 256108

1. Entity Name
BESSIE M. WARDLAW GROVES INC.



Principal Place of Business
749 N. SCENIC HWY
FROSTPROOF, FL 33843

Mailing Address
PO BOX 986
FROSTPROOF, FL 33843



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0981687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, NEWELL A
336 PEABODY CIRCLE
AVON PARK, FL 33825

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRICKLAND, MARY J. WARDLA
STREET ADDRESS	319 SUNSET RD
CITY-ST-ZIP	FROSTPROOF, FL 00000,
TITLE	D
NAME	SMITH, STEPHEN A.
STREET ADDRESS	2561 S.W. 3RD AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	STD
NAME	SMITH, NEWELL A.
STREET ADDRESS	336 PEABODY CIRCLE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD
NAME	STRICKLAND, H. EDWARD
STREET ADDRESS	319 SUNSET ROAD
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000528902
05/05/06-80056-004 150.00

**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: *Newell A. Smith, Sec.* **NEWELL A. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

863 635-4823
Daytime Phone #