

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 256238

1. Entity Name
HART GROVES & RANCH, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 15 AM 10:51

Principal Place of Business
**3034 LAKESHORE DRIVE WEST
TALLAHASSEE, FL 32312 US**

Mailing Address
**200-A JOHN KNOX ROAD
TALLAHASSEE, FL 32303**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07142008 Chg-P CR2E034 (12/06)

City & State Zip Country City & State Zip Country

4. FEI Number **59-0978944** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**WOLFE, LARRY S
200 A JOHN KNOX RD
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: **W. Ben Hart** **W. BEN HART** **7/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #