


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT #277048 1. Entity Name STOUDENMIRE GROVES, INC.	
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Principal Place of Business 409 WHITMARSH DR P O BOX 63 DELAND, FL 32721-0063	Mailing Address 409 WHITMARSH DR P O BOX 63 DELAND, FL 32721-0063
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02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1039583

Applied For
Not Applicable


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

6. Name and Address of Current Registered Agent

STOUDENMIRE, LOUISE
409 WHITMARSH DR.
DELAND, FL 32720

**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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**


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

000000461168
03/20/06-80041-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOUDENMIRE, LOUISE 409 WHITMARSH DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, GERALD F 1900 KANAWHA DR STONE MOUNTAIN, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, JANE 1900 KANAWHA DR. STONE MOUNTAIN GA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ, GERALD F 1900 KANAWHA DR STONE MOUNTAIN, GA
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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/06
Date

Daytime Phone #