

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 277048

1. Entity Name
STOUDENMIRE GROVES, INC.



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**



01172007 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 _____

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOUDENMIRE, LOUISE
STREET ADDRESS	409 WHITMARSH DRIVE
CITY-STATE-ZIP	DELAND, FL
TITLE	SD
NAME	SCHWARTZ, GERALD F
STREET ADDRESS	1900 KANAWHA DR
CITY-STATE-ZIP	STONE MOUNTAIN, GA
TITLE	VD
NAME	SCHWARTZ, JANE
STREET ADDRESS	1900 KANAWHA DR.
CITY-STATE-ZIP	STONE MOUNTAIN GA,
TITLE	TD
NAME	SCHWARTZ, GERALD F
STREET ADDRESS	1900 KANAWHA DR
CITY-STATE-ZIP	STONE MOUNTAIN, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/23/07-80002-007 150.00

**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: Louise Stoudenmire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/07
Date

Daytime Phone # _____