

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 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**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1039583

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000843091
03/11/08-80055-023 150.00

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

2/25/08 *367340916*
Date Daytime Phone #