


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 277987 1. Entity Name ELLINGSON GROVES, INC.	
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Principal Place of Business 2300 SCENIC HIGHWAY N BABSON PARK, FL 33827	Mailing Address 2300 SCENIC HIGHWAY N BABSON PARK, FL 33827
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1030039	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 BASSETT, KAREN E. 2300 SCENIC HWY N BABSON PARK, FL 33827	DO NOT WRITE IN THIS SPACE
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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 reappointing) _____ 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGLEY, R.A. 230 E. TILLMAN AVE LAKE WALES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASSETT, KAREN E 2300 SCENIC HWY N BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASSETT, RAY L 2300 SCENIC HWY N BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/09/08-80054-003 150.00

**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: Karen E. Bassett Karen E. Bassett 1/7/08 863-638-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #