2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 285712

Entity Name: L. M. HOLLISTER GROVES, INC..

Current Principal Place of Business:

505 AVE A, NW SUITE 306
WINTER HAVEN, FL 338821112

New Principal Place of Business:

Current Mailing Address:

505 AVE A, NW SUITE 306
POBOX 1112
WINTER HAVEN, FL 338821112

New Mailing Address:

FEI Number: 59-1090299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLISTER, LENWOOD M SR
505 AVE A,NW STE 306
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOLLISTER, LENWOOD M SR
Address: 505 AVE A, NW SUITE 306
City-St-Zip: WINTER HAVEN, FL 33881

Title: S ( ) Delete
Name: TAYLOR, ALISON
Address: 505 AVE A STE 306
City-St-Zip: WINTER HAVEN, FL 33881

Title: VTD ( ) Delete
Name: HOLLISTER, STEPHEN K
Address: 505 AVE A STE 306
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD ( ) Delete
Name: HOLLISTER, LENWOOD M JR
Address: 505 AVE A, NW STE 306
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HOLLISTER VP 04/08/2009
Electronic Signature of Signing Officer or Director Date