

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285712

FILED  
Apr 21, 2010  
Secretary of State

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LENWOOD M HOLLISTER SR

P

04/21/2010

Electronic Signature of Signing Officer or Director

Date