

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90026 035 ***550.00

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1. Entity Name
LASTINGER GROVES INC



Principal Place of Business

**C/O DAVE BARNETT
522 NE 1ST ST
FT MEADE, FL 33841**

Mailing Address

**C/O DAVE BARNETT
522 NE 1ST ST
FT MEADE, FL 33841**

44049166



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1104638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNETT, DAVE B
522 N E FIRST ST
FORT MEADE, FL 33841**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BARNETT, DAVE H
STREET ADDRESS	522 N.E. FIRST ST.
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	VD (Remote) Deceased in 2003
NAME	MARKETTE, VIOLET L.
STREET ADDRESS	300 JOHNSON FERRY RD, NE, APT B-204
CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	D
NAME	LASTINGER, DONALD R.
STREET ADDRESS	3224 SAXON DRIVE
CITY-ST-ZIP	LEXINGTON, KY
TITLE	SD
NAME	WEED, SHARON L
STREET ADDRESS	11973 ELIZABETH ANN COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #