

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 292330

1. Entity Name
LASTINGER GROVES INC



Principal Place of Business

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

Mailing Address

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



08242006 No Chg-P CR2E034 (11/05)

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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD BARNETT, DAVE H 522 N.E. FIRST ST. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LASTINGER, DONALD R. 3224 SAXON DRIVE LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD WEED, SHARON L 11973 ELIZABETH ANN COURT JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U00000575365
08/28/06-80003-006-550.00

**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:

Dave H Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/06
Date

Daytime Phone #