

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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



DO NOT WRITE IN THIS SPACE

08242006 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|---|
| 4. FEI Number 59-1104638 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$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 PTD
NAME BARNETT, DAVE H
STREET ADDRESS 522 N.E. FIRST ST.
CITY-ST-ZIP FORT MEADE, FL 33841

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000575365
08/28/06-00003-006-550.00

**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 #