

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 296804

1. Entity Name

LAGOMAR GROVES, INC.



FILED
Feb 01, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

Principal Place of Business
2122 PARK HOLLAND DR
LEESBURG FL 34748

Mailing Address
2122 PARK HOLLAND DR
LEESBURG FL 34748

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1155055

Applied For
(Not Applicable)

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BINNEVELD, WILLIAM J.
2122 PARK HOLLAND DR
LEESBURG FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	PD BINNEVELD, GEOFFREY H.,J 715 BOYLSTON ST LEESBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD BENSON, PATRICIA B. 5 CRISBEN CT. COLUMBUS CA	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	STD BINNEVELD, WILLIAM J. 2122 PARK HOLLAND DR LEESBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP	U00000615791 02/07/07-80002-010 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William J Binneveld Secy-Treas 1/29/07 352-728-119