

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332760

FILED
Apr 24, 2007
Secretary of State

Entity Name: STORY GROVES, INC.

Current Principal Place of Business:

16030 HWY 27 S
LAKE WALES, FL 338591221 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1221
LAKE WALES, FL 338591221 US

New Mailing Address:

FEI Number: 59-1232648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORY, KYLE R
16030 HWY 27 S
P.O. BOX 1221
LAKE WALES, FL 338591221 US

Name and Address of New Registered Agent:

STORY, KYLE R
16030 HWY 27 S
LAKE WALES, FL 338591221 US

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: KYLE R. STORY

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORY, VICTOR B. JR.,
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL

Title: V () Delete
Name: STORY, LYLES WILLIAM,
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL

Title: ST () Delete
Name: STORY, VICTOR B. SR.,
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL

Title: EVP () Delete
Name: STORY, KYLE R
Address: 16030 HWY 27 S
City-St-Zip: LAKE WALES, FL 338591221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: KYLE R. STORY,
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: ST (X) Change () Addition
Name: ANN H. STORY,
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: TR (X) Change () Addition
Name: STORY, KYLE R
Address: 16030 HWY 27 S
City-St-Zip: LAKE WALES, FL 338591221

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KYLE R. STORY

EVP

04/24/2007

Electronic Signature of Signing Officer or Director

Date