

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332760

FILED
Feb 06, 2012
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
LAKE WALES, FL 338591221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: STORY, VICTOR B JR
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 338591221

Title: VP
Name: STORY, KYLE R
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: SEC
Name: STORY, KYLE R
Address: 16030 HWY 27 SOUTH
City-St-Zip: LAKE WALES, FL 33859

Title: TR
Name: STORY, MATTHEW S
Address: 16030 HWY 27 S
City-St-Zip: LAKE WALES, FL 338591221

I hereby 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 all other like empowered.

SIGNATURE: KYLE R. STORY

VP

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date