

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 340407

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** SECURITY GROVES INC

**Current Principal Place of Business:**

1435 EAGLE AVENUE  
EAGLE LAKE, FL 33839 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 844  
EAGLE LAKE, FL 33839 US

**New Mailing Address:**

**FEI Number:** 59-1232733      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAULK, GINGER  
1435 EAGLE AVENUE  
EAGLE LAKE, FL 33839 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:** PAULK, ODESSA V PRES.  
**Address:** 205 CLOVIS PASS  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** S  
**Name:** PAULK, GINGER S SEC.  
**Address:** 1435 EAGLE AVENUE  
**City-St-Zip:** EAGLE LAKE, FL 33839

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: GINGER PAULK

SEC

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date