

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90033 044 \*\*\*150.00

**DOCUMENT # 374927**

1. Entity Name  
**PLACID ACRES GROVES, INC.**



Principal Place of Business  
**1125 PEACHTREE DRIVE  
LAKE PLACID, FL 33852**

Mailing Address  
**1125 PEACHTREE DRIVE  
LAKE PLACID, FL 33852**

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1315050**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DURRANCE, DANIEL C  
1125 PEACHTREE DRIVE  
LAKE PLACID, FL 33852**

**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 \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ROSS, SUE D 101 VIA AMALFI NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DURRANCE, DANIEL C 1125 PEACHTREE DR. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Durrance, Kathryn P. 1125 Peachtree DR Lake Placid, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

*additional  
officer-director*

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-08**

Date

**(863) 465-2466**

Daytime Phone #

*Daniel C. Durrance ; President, Director*