2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 476953

1. Entity Name

GLEASON GROVES, INC.

Principal Place of Business: 205 SUPRISE DR / P.O. BOX 770219 / WINTER GARDEN FL 34787 / US

Mailing Address: POB 770219 / P.O. BOX 770219 / WINTER GARDEN FL 34777 / US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1594548 — Applied For / Not Applicable

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

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

GLEASON, A H
205 SUPRISE DR
STE 305
WINTER GARDEN FL 34787

7. **Name and Address of New Registered Agent**

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, 2006 Fee Will Be $550.00
Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / ADDRESS / CITY-ST-ZIP	PD GLEASON, A H 205 SURPRISE DR WINTER GARDEN FL 34787 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000396239 01/30/06-80001-016 150.00 ☐ Change ☐ Addition
TITLE / NAME / ADDRESS / CITY-ST-ZIP	TR TAGGART, JOHN 1920 ESPANOLA ORLANDO FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: A. H. Gleason 1/21/06 407 656 331