


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 524332

1. Entity Name
LENNON GROVE AND SPREADER SERVICE, INCORPORATED



Principal Place of Business 2701 DEAN RIDGE RD ORLANDO, FL 32825 US	Mailing Address 2701 DEAN RIDGE RD ORLANDO, FL 32825 US
--	--

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1737147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOEQUIST, CHARLES E.
 1400 FAIRBANKS AVE.
 WINTER PARK, FL 32789**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P LENNON, WILLIAM M JR 2701 DEAN RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENNON, WILLIAM M SR 2727 DEAN RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENNON, KIMBERLY K 2701 DEAN RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CHRISTOPHER F 13281 KIRBY SMITH RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000399051
 01/31/06-80024-014 150.00

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: William Lennon 1/18/06 407-384-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #