2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 08:00 AN Secretary of State

	WIGHTOWE INCLOSES		5.7	
DOCUMENT # 1. Entity Name LENNON GROVE AN INCORPORATED	524332 ND SPREADER SERVICE,			
Principal Place of Business	Mailing Address			
2701 DEAN RIDGE RD	2701 DEAN RIDGE RD			
ORI ANDO, FL. 32825 US	S ORLANDO, FL 32825	US		

S. Certificate of Status Desired \$8.75 Addition \$9.75		_			AND THE PERSON NAMED IN				
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1737147 S. Certificate of Status Desired S9-1737147 S9-1737147 S. Certificate of Status Desired S9-1737147 S9	2701 DEAN R	RIDGE RD	2701 DEAN I	RIDGE RD					
IN THIS SPACE WINTER PARK, FL 32789 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 the obligations of registered agent. SIGNATURE Signature, typed to printed reme of registered agent and title if applicable. FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TRUST Fund Contribution. OFFICERS AND DIRECTORS TRUST Fund Contribution. DORIANDO, FL 32825 TRUE V NAME LENNON, WILLIAM M SR STREET ADDRESS TOTAL TO DEAN RIDGE RD ORLANDO, FL 32825 TRUE S NAME LENNON, KIMBERLY K STREET ADDRESS TRUE S SITTH, CHRISTOPHER F STREET ADDRESS SITTH, CHRISTOPHER F STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 12281 KIRBY SMITH RD	D				DE .	01152007 4. FEI Numbe 59-173	. No Chg-P or 7147	CR2E034 (1	Applied For Not Applicable 5 Additional
the obligations of registered agent. SIGNATURE Signature, typed or printed neme of registered agent and title if applicable. (NOTE Registered Agent signature required when renestating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campalgn Financing Trust Fund Contribution. OFFICERS AND DIRECTORS ITILE PLENNON, WILLIAM M JR 2701 DEAN RIDGE RD ORLANDO, FL 32825 TRILE VLENNON, WILLIAM M SR 2727 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2727 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2727 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2701 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2701 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2701 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2701 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 2701 DEAN RIDGE RD ORLANDO, FL 32825 TRILE SIREET ADDRESS 3781TH, CHRISTOPHER F SIREET ADDRESS 13281 KIRBY SMITH RD	1400 FAIRI	BANKS AVE.							4
10. OFFICERS AND DIRECTORS TITLE P LENNON, WILLIAM M JR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 TITLE S RAME LENNON, WILLIAM M SR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 TITLE S RAME LENNON, KIMBERLY K STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 TITLE S RAME LENNON, KIMBERLY K STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 TITLE S RAME LENNON, KIMBERLY K STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 TITLE T RAME SMITH, CHRISTOPHER F STREET ADDRESS STREET ADDRESS TITLE T SMITH, CHRISTOPHER F STREET ADDRESS STREET	the obligati SIGNATURE FILI	ions of registered agent. Signature, typed or printed name of register. E NOWIII FEE IS \$150.	ed egent and title if applicable.	(NOTE Registered	d Agent signature req	uired when reinstating)	th, in the State of Flo	<u> </u>	r with, and accept
CRY-ST-ZIP ORLANDO, FL 32825 ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICER P LENNON, WILLIAM M JR 2701 DEAN RIDGE RD ORLANDO, FL 32825 V LENNON, WILLIAM M SR 2727 DEAN RIDGE RD ORLANDO, FL 32825 S LENNON, KIMBERLY K 2701 DEAN RIDGE RD ORLANDO, FL 32825 T SMITH, CHRISTOPHER F	S AND DIRECTORS				01/26/07-	-80009-024 /RITE	150.00

12. I hereby certify that the information supplied with this filling 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

1-22-07 407-384-1411