

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524332

FILED  
Feb 04, 2010  
Secretary of State

**Entity Name:** LENNON GROVE AND SPREADER SERVICE, INCORPORATED

**Current Principal Place of Business:**

2701 DEAN RIDGE RD  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

2701 DEAN RIDGE RD  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** 59-1737147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LENNON, WILLIAM M JR  
Address: 2701 DEAN RIDGE RD  
City-St-Zip: ORLANDO, FL 32825

Title: V  
Name: LENNON, WILLIAM M SR  
Address: 2727 DEAN RIDGE RD  
City-St-Zip: ORLANDO, FL 32825

Title: S  
Name: LENNON, KIMBERLY K  
Address: 2701 DEAN RIDGE RD  
City-St-Zip: ORLANDO, FL 32825

Title: T  
Name: SMITH, CHRISTOPHER F  
Address: 13281 KIRBY SMITH RD  
City-St-Zip: ORLANDO, FL 32825

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: KIM LENNON

S

02/04/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date