

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 613110 1. Entity Name DOUGLAS FORT DADE GROVES, INC.	
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Principal Place of Business 17821 JAMES RD P.O. BOX 71 DADE CITY, FL 33523-6248 US	Mailing Address 17821 JAMES RD DADE CITY, FL 33523-6248 US
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02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1887345	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAMES, VIRGINIA D 17821 JAMES RD DADE CITY, FL 33523

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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	D BEECHAM, LINDA J 3609 LAURELLEDGE LANE AUSTIN, TX 78731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, VIRGINIA D. 17821 JAMES ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES, GEORGE C 17821 JAMES ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, GEOGRE R 84 DAVIS BLVD. UNIT #212 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVILLE, JEAN D 3905 17TH AVE. DT. WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000474580
04/04/06-80030-009 150.00

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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: VIRGINIA D. JAMES 3-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #