

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-31-2005 90037 003 ***150.00

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1. Entity Name
SIZEMORE GROVES, INC.



Principal Place of Business

**2209 WEDGEWOOD CT
PLANT CITY, FL 33567**

Mailing Address

**2209 WEDGEWOOD CT
PLANT CITY, FL 33567**

66010000



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1950648

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**SIZEMORE, JACK
2209 WEDGEWOOD CT
PLANT CITY, FL 33567**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**STD
SIZEMORE, MERIBETH J
2209 WEDGEWOOD CT
PLANT CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SIZEMORE, JACK
2209 WEDGEWOOD CT
PLANT CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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: *Jack Sizemore*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #