

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # 647551

1. Entity Name
FARKAS GROVES, INC.



Principal Place of Business
5540 CONNELL R.
PLANT CITY, FL 33567

Mailing Address
5540 CONNELL R.
PLANT CITY, FL 33567



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1961374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUSSEL, MARY ANN
5540 CONNELL RD
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

Mary Ann Fussell

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

(NOTE: Registered Agent signature required when reinstating)

2-8-06

DATE

**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

1100000428823
02/21/06-80061-022 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME FUSSELL, HUBERT D
STREET ADDRESS 5540 CONNELL RD.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE AS
NAME FARKAS, PEGGY
STREET ADDRESS 2303 S FORBES
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE P
NAME FARKAS, LOUIS E
STREET ADDRESS 2303 S FORBES
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE ST
NAME FUSSELL, MARY ANN
STREET ADDRESS 5540 CONNELL RD.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Mary Ann Fussell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06
Date

813 737-4524
Daytime Phone #