


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 647551</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 59-1961374	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FUSSEL, MARY ANN 5540 CONNELL RD PLANT CITY, FL 33567			
		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		U00000644213 03/02/07-80034-011 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUSSELL, HUBERT D 5540 CONNELL RD. PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARKAS, PEGGY 2303 S FORBES PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARKAS, LOUIS E 2303 S FORBES PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FUSSELL, MARY ANN 5540 CONNELL RD. PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Mary Ann Fussell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-19-07 813 737-4524 Date Daytime Phone #	