

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90042 007 \*\*\*150.00

**DOCUMENT # 648898**

1. Entity Name

HERNDON GROVES, INC.



Principal Place of Business

P.O. BOX 1138  
LAKE WALES FL 33859

Mailing Address

P.O. BOX 1138  
LAKE WALES FL 33859

94031144



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1957525

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.  
68 MAMMOTH GROVE RD  
LAKE WALES FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	UPDIKE, SR., LAWRENCE C	
STREET ADDRESS	68 MAMMOTH GROVE RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNDON, BRADLEY P	
STREET ADDRESS	68 MAMMOTH GROVE RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOFF, VIRGINIA C	
STREET ADDRESS	1817 S HIGHLAND PARK DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOFF, JANE H	
STREET ADDRESS	1817 S HIGHLAND PARK DR	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	GOFF, ANN M	
STREET ADDRESS	1817 S HIGHLAND DR	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNDON, SUSANNAH S	
STREET ADDRESS	68 MAMMOTH GROVE ROAD	
CITY-ST-ZIP	LAKE WALES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:** *Jane H. Goff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #