

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

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**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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.
68MAMMOTH GROVE RD
LAKE WALES, FL**

**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 reinstating)

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	PD HERNDON, BRADLEY P 68 MAMMOTH GROVE RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOFF, VIRGINIA C 1817 S HIGHLAND PARK DRIVE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GOFF, JANE H 1817 S HIGHLAND PARK DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD GOFF, ANN M 1817 S HIGHLAND DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNDON, SUSANNAH S 68 MAMMOTH GROVE ROAD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/28/05-80013-021 150.00

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/05 (823) 679-3170

Date

Daytime Phone #

Bradley P Herndon