

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 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**



02222008 No Chg-P CR2E034 (11/05)

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.
68 MAMMOTH GROVE RD
LAKE WALES, FL**

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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 bse if applicable

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

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

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03/09/06 80073-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #