


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---------|-----|---|---|--|
| DOCUMENT # 668222 | | | |  | |
| 1. Entity Name SANGSTER GROVES, INC. | | | | | |
| Principal Place of Business 1204 S SCENIC HWY FROSTPROOF FL 33843 | | | Mailing Address 1204 S SCENIC HWY FROSTPROOF FL 33843 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1992212 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |



1st MOORE CR2E034 (10/05)

| | | | | | |
|--|--|--|--|---|--|
| 6. Name and Address of Current Registered Agent MAXINE K. SANGSTER 1204 S. SCENIC HWY. FROST PROOF FL 33843 | | | | 7. Name and Address of New Registered Agent | |
| 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 <i>Maxine K. Sangster</i> | | | | DATE <i>Ma</i> | |

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------|---------------------------------|---|--|--|
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | LANGFORD, JANET S | | NAME | | |
| STREET ADDRESS | 1511 STEVENS, LOOP | | STREET ADDRESS | | |
| CITY-ST-ZIP | BABSON PARK FL | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | SANGSTER, MAXINE | | NAME | | |
| STREET ADDRESS | 1204 S SCENIC HWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | FROSTPROFF, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | KAUFFMAN, STEPHANIE S | | NAME | | |
| STREET ADDRESS | 612 CAREY PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Maxine K. Sangster* *Maxine K. Sangster* (943-635-4532)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #