


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90680 024 ***150.00

DOCUMENT # 681353
 1. Entity Name
STORY GROVE SERVICE, INC.



Principal Place of Business
**16030 HWY 27TH SOUTH
 LAKE WALES FL 33859-1221
 US**

Mailing Address
**PO BOX 1221
 LAKE WALES FL 33859-1221
 US**

2. Principal Place of Business
16030 HWY 27 SOUTH

3. Mailing Address
 Suite, Apt. #, etc.

City & State
LAKE WALES, FL

City & State

Zip
33859-1221

Country
POLK

Zip
 Country



4. FEI Number
59-2016112

Applied For
 Not Applicable

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

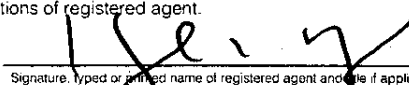
6. Name and Address of Current Registered Agent
**STORY SR., VICTOR B.
 3400 US HWY 27 S
 P.O. BOX 1221
 LAKE WALES FL 33859-8221**

7. Name and Address of New Registered Agent
 Name
KYLE R. STORY

Street Address (P.O. Box Number is Not Acceptable)
**16030 HWY 27 TH SOUTH
 P.O. BOX 1221**

City
LAKE WALES FL Zip Code
33859-1221

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  DATE **4-9-04**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STORY SR., VICTOR B. 3400 US HWY 27 S LAKE WALES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16030 HWY 27TH SOUTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORY JR., VICTOR B. 3400 US HWY 27 S LAKE WALES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16030 HWY 27TH SOUTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST STORY, KYLE R 16030 HWY 27TH SOUTH LAKE WALES FL 33859-1221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EXEC. VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04-09-04** 863-638-1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KYLE R. STORY** Date Daytime Phone #

EXEC. VICE PRESIDENT