


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 681353 1. Entity Name STORY GROVE SERVICE, INC.	
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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
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04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2016112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STORY, KYLE R  
16030 HWY 27TH S.  
LAKE WALES, FL 33859-1221

**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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	STD STORY SR., VICTOR B. 16030 HWY 27TH S. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORY JR., VICTOR B. 16030 HWY 27TH S LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STORY, KYLE R 16030 HWY 27TH SOUTH LAKE WALES, FL 338591221
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04/11/05-80007-008 150.00

**DO NOT WRITE 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  
Date: 4-7-05 Daytime Phone #: 863-638-1619