

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681353

FILED  
Feb 06, 2012  
Secretary of State

Entity Name: STORY GROVE SERVICE, INC.

**Current Principal Place of Business:**

16030 HWY 27TH SOUTH  
LAKE WALES, FL 338591221 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1221  
LAKE WALES, FL 338591221 US

**New Mailing Address:**

FEI Number: 59-2016112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STORY, KYLE R  
16030 HWY 27TH S.  
LAKE WALES, FL 338591221 US

**Name and Address of New Registered Agent:**

STORY, KYLE R  
16030 HWY 27 S.  
LAKE WALES, FL 338591221 US

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.

SIGNATURE: KYLE R. STORY

02/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STORY, VICTOR B JR  
Address: 16030 HWY 27 S  
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP  
Name: STORY, KYLE R  
Address: 16030 HWY 27 SOUTH  
City-St-Zip: LAKE WALES, FL 338591221 US

Title: SEC  
Name: STORY, KYLE R  
Address: 16030 HWY 27 SOUTH  
City-St-Zip: LAKE WALES, FL 338591221 US

Title: TREA  
Name: STORY, MATTHEW S  
Address: 16030 HWY 27 SOUTH  
City-St-Zip: LAKE WALES, FL 338591221 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KYLE R. STORY

VP

02/06/2012

Electronic Signature of Signing Officer or Director

Date