

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001494

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** HARGROVE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

20 SOUTH ROYAL ST  
MOBILE, AL 36602

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2687  
MOBILE, AL 366522687

**New Mailing Address:**

**FEI Number:** 72-1352530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HARGROVE, RALPH A  
**Address:** 105 RYAN AVENUE  
**City-St-Zip:** MOBILE, AL 36607

**Title:** VPT  
**Name:** BACKES, JAMES M JR  
**Address:** 509 ESLAVA ST  
**City-St-Zip:** MOBILE, AL 36602

**Title:** VPT  
**Name:** HAMILTON, PHILLIP G SR  
**Address:** 12755 HYW 243  
**City-St-Zip:** RUSSELVILLE, AL 35654

**Title:** TREA  
**Name:** SHELL, JOHN E  
**Address:** 310 DALEWOOD DR  
**City-St-Zip:** MOBILE, AL 36608

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:** JOHN E SHELL

TREA

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date