2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F18060

1. Entity Name
LEWIS GROVES, INC.

Principal Place of Business	Mailing Address
127 NE 1ST ST FT. MEADE, FL 33841	127 NE 1ST ST FT. MEADE, FL 33841

04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2121442
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, PAUL
127 NE FIRS STREET
FORT MEADE, FL 33841

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000525898
05/05/06-80094-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HAMILTON, PAUL
STREET ADDRESS	1355 SPRING COURT
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	V
NAME	GNANN, GARY W.
STREET ADDRESS	154 FOSTER LANE
CITY-ST-ZIP	PITTSBORO, NC
TITLE	ST
NAME	CASON, RICHARD G.
STREET ADDRESS	115 N PINE AVENUE
CITY-ST-ZIP	FORT MEADE, FL
TITLE	P
NAME	LEWIS, JENNETTE
STREET ADDRESS	127 N.E. 1ST ST.
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Paul Hamilton PAUL HAMILTON 4/19/06 863-285-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #