

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

01-30-2008 90038 044 ***150.00

DOCUMENT # F21273 1. Entity Name E.A. STORCH GROVES, INC.					
Principal Place of Business 12117 CURLEY RD SAN ANTONIO FL 33576 US			Mailing Address P.O. BOX 23 SAN ANTONIO FL 33576		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country <i>Paseo</i>			Country		
4. FEI Number 59-2074239				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMNER, MARLENE S 12117 CURLEY RD SAN ANTONIO FL 33576			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD SUMNER, MARLENE S 12117 CURLEY RD SAN ANTONIO FL 33576	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sumner Marlene S. 12117 Curley Rd SAN Antonio, FL 33576	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STORCH, DONALD E P.O. BOX 61 SAN ANTONIO FL 33576	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Toner Joann S P.O. Box 21209 TALLAHASSEE FL 32316	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TONER, JOANN S P.O. BOX 21209 TALLAHASSEE FL 32316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Smith Grace S P.O. Box 248 SAN ANTONIO FL 33576	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, GRACE S P.O. BOX 248 SAN ANTONIO FL 33576	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Smith Grace S P.O. Box 248 SAN ANTONIO FL 33576	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Marlene S. Sumner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/24/08 352-206-0747 Date		