


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90113 009 ***150.00

DOCUMENT # F67370 1. Entity Name HAGMAN GROVE SERVICE, INC.	
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Principal Place of Business POST OFFICE BOX 443 LAND O'LAKES, FL 34639	Mailing Address POST OFFICE BOX 443 LAND O'LAKES, FL 34639
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2172090	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAGMAN, ROBERT 21411 CARSON DR. LAND O'LAKES, FL 34639

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGMAN, ROBERT 21411 CARSON DR. LAND O'LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGMAN, JOY C. 21411 CARSON DR. LAND O'LAKES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Bob Hagman Bob HAGMAN 1-19-06 813-948-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #