2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # F67370** 04-30-2008 90176 047 ***150 00 HAGMAN GROVE SERVICE, INC. Principal Place of Business Mailing Address 00033078 POST OFFICE BOX 443 POST OFFICE BOX 443 LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 3. Mailing Address 2. Principal Place of Business - No P.O. Box 2956 Wentworth WA 2956 Weatworth Suite, Apt. #, etc. CR2E034 (12/06) 04182008 Chg-P Applied For City & State City & State 4. FEI Number 59-2172090 ARPON ARDON Not Applicable \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAGMAN, ROBERT 21411 CARSON DR. LAND O'LAKES, FL-34639 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE 214TT CARSON DR. 2956 WENTWOICH WA NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAKES: FL 1AV CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

IGNING OFFICER OR DIRECTOR

FILED