


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F91005 1. Entity Name CRUTCHFIELD GROVES, INC.	
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Principal Place of Business % J. THOMAS CRUTCHFIELD 149 EAST CENTER ST. SEBRING, FL 33870	Mailing Address % J. THOMAS CRUTCHFIELD 149 EAST CENTER ST. SEBRING, FL 33870
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05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1151073	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUTCHFIELD, THOMAS J
149 EAST CENTER ST.
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

U00000558585
05/17/06-80100-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, CHRISTINE C 149 E CENTER ST SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CRUTCHFIELD, EARL H 149 E CENTER ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPO, KATHLEEN C 149 E CENTER ST SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CRUTCHFIELD, JOHN THOMAS 149 E CENTER ST SEBRING, FL 33870
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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

863-471-2252
Daytime Phone #