2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # F91005

1. Entity Name
CRUTCHFIELD GROVES, INC.

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

02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1151073

Applied For
Not Applicable

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, 2007 Fee will be $550.00

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

000000649750
03/07/07-80063-006 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE: _____ 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #