


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # G18395
1. Entity Name
BENNY ALBRITTON GROVE SERVICE, INC.



Principal Place of Business Mailing Address
206 N 6TH AVE P.O. BOX 1784
WAUCHULA, FL 33873 US WAUCHULA, FL 33873 US

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2268785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J.
101 SOUTH NINTH AVENUE
WAUCHULA, FL

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

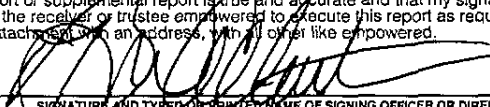
U00000057431
02/19/04-80061-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRITTON, BENNY 206 N 6TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRITTON, JR, BEN 206 N 6TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRITTON, JOSEPH R 206 N 6TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____