


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 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



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2268785 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCKIBBEN, JEFF J.
 101 SOUTH NINTH AVENUE
 WAUCHULA, FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000272163
 03/21/05-80082-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBRITTON, BENNY
STREET ADDRESS	206 N 6TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VD
NAME	ALBRITTON, JR, BEN
STREET ADDRESS	206 N 6TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	ALBRITTON, JOSEPH R
STREET ADDRESS	206 N 6TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
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)(f), 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 # _____