


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

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

ALBRITTON, JOSEPH
 206 N 6TH AVE
 WAUCHULA, FL 33873

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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	

DO NOT WRITE IN THIS SPACE

000000877103
 04/01/08-80100-017 150.00

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____