

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G18565

Entity Name: AGE GROVES, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

300 NORTH RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

300 NORTH RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-2243253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, ATLEE W.  
300 N RIFLE RANGE RD  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DAVIS, ATLEE W.  
Address: 300 N RIFLE RANGE RD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VD  
Name: DEDRICK, ELIZABETH DAVIS  
Address: 300 N RIFLE RANGE RD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: STD  
Name: DAVIS, VIRGINIA S.  
Address: 300 N RIFLE RANGE RD  
City-St-Zip: WINTER HAVEN, FL 33880 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH D DEDRICK

VD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date