

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 018 ***150.00

DOCUMENT # G23341

1. Entity Name

JUDY GROVE, INC.



Principal Place of Business

ROGER, JUDY
1905 E PALM ST
DAVENPORT FL 33836
US

Mailing Address

JUDY GROVE, INC.
PO BOX 1467
DAVENPORT FL 33836
US

JUUU103

2. Principal Place of Business

Roger Judy
Suite, Apt. #, etc.
302 E. Maple ST.
City & State
Davenport, FL
Zip
33837
Country
USA

3. Mailing Address

Roger Judy
Suite, Apt. #, etc.
PO Box 1467
City & State
Davenport FL
Zip
33836
Country
USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2292513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUDY, ROGER
1905 E PALM ST
DAVENPORT FL 33836

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Roger Judy

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

(NOTE: Registered Agent signature required when reinstating)

02-20-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JUDY, ROGER	
STREET ADDRESS	1905 E PALM ST.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDY, LILLIE H	
STREET ADDRESS	302 E MAPLE ST.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JUDY, FRANK B	
STREET ADDRESS	202 E. BAY ST.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Roger Judy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-05

813422 3969

Date

Daytime Phone #