

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 006 ***150.00

DOCUMENT # G23341

1. Entity Name

JUDY GROVE, INC.



Principal Place of Business

ROGER, JUDY
302 E MAPLE ST
DAVENPORT FL 33837
US

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

302 E. Maple St
Suite, Apt. #, etc.
KOTER

3. Mailing Address

P.O. Box 1467, Davenport, FL
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Davenport, FL

City & State

Davenport, FL

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

01-31-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ☐ Delete
NAME JUDY, ROGER
STREET ADDRESS 302 E MAPLE ST
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ST ☐ Delete
NAME JUDY, LILLIE H
STREET ADDRESS 302 E MAPLE ST.
CITY-ST-ZIP DAVENPORT FL

TITLE V ☐ Delete
NAME JUDY, FRANK B
STREET ADDRESS 202 E. BAY ST.
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Roger Judy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-07

Date

257-3708

Daytime Phone #