

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # J02564

1. Entity Name
PULITZER GROVES, INC.



Principal Place of Business
**18450 NW 144TH AVE
OKEECHOBEE, FL 34972 US**

Mailing Address
**18450 NW 144TH AVE
OKEECHOBEE, FL 34972 US**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1682110	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

**YELEN, DAVID
1104 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

**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 reappointing) DATE _____

**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

U000000803465
02/05/08-80025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PULITZER, PETER
STREET ADDRESS	18450 NW 144TH AVENUE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VP
NAME	PULITZER, MACLEAN
STREET ADDRESS	20 YALE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	SEC
NAME	PULITZER, ZACHARY
STREET ADDRESS	6700 GARDEN AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Pete P...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 (803) 447-3028
Date Daytime Phone #