2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90020 006 ***150.00

DOCUMENT # K97065

1. Entity Name
GROVE CITY AGENCY, INC.

Principal Place of Business
~~2040 OYSTER CR. DR.~~ 3151 QUAIL CT
GROVE CITY, FL 34224

Mailing Address
PO BOX 5048-0048
GROVE CITY, FL 34224

01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3154 QUAIL CT.		GROVE CITY AGENCY, INC	
Suite, Apt. #, etc. GROVE CITY, FL		Suite, Apt. #, etc. P.O. BOX 5048	
City & State		City & State GROVE CITY, FL	
Zip 34224	Country	Zip 34224	Country

4. FEI Number 65-0128775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TENNEY, KATHERINE A.
~~3180 CORRECT RD.~~ 3154 QUAIL CT.
GROVE CITY, FL 34224

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TENNEY, KATHERINE A.		NAME		
STREET ADDRESS	3180 CORRECT RD.		STREET ADDRESS		
CITY-ST-ZIP	GROVE CITY, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Katherine A. Tenney

ATTACHMENT 40008095

This information cannot be changed on the report.

Document Number	K97065
Business Entity Name	GROVE CITY AGENCY, INC.
Original File Date	06/20/1989

FEI Number	65-0128775
Principal Address	~~2040 OYSTER CR DR~~ 3154 QUAIL CT. GROVE CITY, FL 34224
Mailing Address	PO BOX 5048-0048 GROVE CITY, FL 34224
Registered Agent	TENNEY, KATHERINE A ~~3180 CORRECT RD~~ P.O. Box 5048 GROVE CITY, FL 34224 US

Officer/Director Name And Address

PDST
TENNEY, KATHERINE A.
~~3180 CORRECT RD~~ 3154 QUAIL CT.
GROVE CITY, FL
34224

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes