2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 27, 2006 8:00 am
Secretary of State

02-03-2006 90020 021 ***150.00

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DOCUMENT # K97065

1. Entity Name
GROVE CITY AGENCY, INC.

Principal Place of Business	Mailing Address
3154 QUAIL CT GROVE CITY, FL 34224	GROVE CITY AGENCY, INC. GROVE CITY, FL 34224

2. Principal Place of Business	3. Mailing Address
	PO Box 5048
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Grove City
Zip / Country	Zip / Country FL 34224-0048

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.
~~3154 QUAIL CT.~~ ~~PO Box 5048~~
GROVE CITY, FL 34224
3154 QUAIL CT

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 Katherine A. Tenney 1/26/2006
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST TENNEY, KATHERINE A. ~~3180 CORRECT RD.~~ ~~PO Box 5048~~ GROVE CITY, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3154 QUAIL CT GROVE CITY 34224	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Katherine A. Tenney