

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90017 023 ***158.75

DOCUMENT # **L97789**

1. Entity Name

M & D GROVES, INC.



Principal Place of Business

**5397 PHIL ROBERTS RD
ONA FL 33865
US**

Mailing Address

**5397 PHIL ROBERTS RD
ONA FL 33865
US**



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

5397 Phil Roberts Rd

Suite, Apt. #, etc.

3. Mailing Address

Doris Schweighofer

Suite, Apt. #, etc.

678 Cockerton Trk E

1st MOORE

CR2E034 (10/06)

City & State

Ona FL

City & State

Tyler Hill, Pa.

4. FEI Number

59-3029915

Applied For

Not Applicable

Zip

33865

Country

Hardee

Zip

18469

Country

Wayne

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWEIGHOFER, DORIS
5397 PHIL ROBERTS RD
ONA FL 33865**

7. Name and Address of New Registered Agent

Name **SAME**

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, 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 **PSTD** ☐ Delete
NAME **SCHWEIGHOFER, DORIS**
STREET ADDRESS **PHIL ROBERTS RD**
CITY-ST-ZIP **ONA FL**

TITLE **VD** ☐ Delete
NAME **SCHWEIGHOFER, EDWARD M**
STREET ADDRESS **10 TWINBROOK FARMLANE RT 371**
CITY-ST-ZIP **TYLER HILL PA 18469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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: **Doris Schweighofer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 **570**
Date Daytime Phone # **224-4495**